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ARTICLE I.

OVARIAN TUMORS.

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II.—ANATOMY, NATURE AND PATHOLOGY OF OVARIAN TUMORS.

Ovarian tumors spring from, and are for the most part formed of the hypertrophied tissues of the ovaries. There are tumors very much resembling, and often mistaken for them, however, developed in the lateral ligaments. These latter are generally distended and hypertrophied sacs of the parovarium, and contain thin serum, merely; are cured sometimes by merely tapping, or spontaneously burst or are broken by accident in the peritoneal cavity, and disappear, never again to annoy the patient. The fallopian tubes sometimes are the seat of enlargement. The tubical canal becomes obliterated at each end, and fills up with the hilus usually appropriated to the lubrication of its inner surface, hypertrophies in tissue and thus constitutes a morbid development. Although rare, these two forms of tumors are observed. Doubtless, other enlargements of a nature not yet properly understood, are sometimes originated by unknown causes. The anatomical distinctions can be made in most instances by careful dissec-

tions, so that in cadaverous investigation, they need not be confounded with the ovarian tumors, except it be where all tis-
sual distinctions are obliterated by an inter-current or super-
natant disease. It is not my purpose, now, to pursue this
subject further than the mere mention here made. In the
proper ovarian tumors, we may trace three coats or layers of
tissue forming their walls. The external is the serous or
peritoneal. It is shining and smooth as this membrane is
elsewhere, and seldom changed in anyway, except it may be
thickened and hypertrophied. It can be traced into the peri-
toneal covering of the viscera and abdominal parietes, and
consequently needs no elaborate description. The internal
coat or lining membrane, is doubtless the *membrana granu-
losa* of the ovisac, very much hypertrophied. When small,
something like epithelium seems to be its entire composition.
As they grow and develop, the epithelial arrangement is less
perfect, until when very large, we can observe it only in
patches. In many cases when thus large, this membrane has
a smooth, lustrous appearance, but in others, it is more or less
thickly studded with granular projections, varying from almost
imperceptible minuteness, to the size of peas, or even larger.
Regarding the main sac as an hypertrophied ovisac, I think
these little granular sacs (for they prove to be sacs upon ex-
amination), are also of the same nature, and the origin of the
numerous endogenous or supplementary growths which con-
stitute one of the polycystic varieties.

The middle coat is made up from the stroma of the ovary.
Its strength depends upon quite a considerable amount of
fibres, which enter into its composition. As the tumor de-
velops, these fibres are enlarged, and apparently if not really,
increase in numbers, until they constitute the most of the
thickness of the walls, and in some parts, make quite a thick-
ness, density and toughness of tissue. These qualities are
greater in old large sacs than in the smaller and younger ones.
At the pedicle and for some distance up the sides, they are
greater than in other portions, being in these parts sometimes
a quarter of an inch thick, while at the fundus or distal por-
tion, they may be thin and fragile. The whole of this coat

may be very tough and thick, so as to resist great force, or it may be thin throughout, so as to be easily ruptured at almost any point. Entangled in the meshes of these fibres may be discovered, in many cases, the minute microscopic points, so numerous scattered through the substance of the ovaria. These points are believed to be the origin of the germinal spot in the ovum by some physiologists, and around which are developed the ovum and progressively the whole ovisacs and their contents; and I believe, that their presence in the walls of the tumors over much, if not the whole of their extent, accounts for the development of the minute granular internal projections above described. In a tumor recently removed from the body, we may not unfrequently, by holding it up to the light, discover the peculiar buffy tinge seen in the stroma. The vessels are situated in this coat. They are numerous and some of them large, so large, that great care is necessary to prevent them from bleeding when the peduncle is divided. They are developed (it is hardly necessary to say), to this great size, from the minute twigs which penetrate the substance of the ovary.

The shape of ovarian tumors may vary much. They may be regularly globular, polyglobular, angular, or irregular in almost every way. When small, the ovary may be seen as constituting a considerable portion of the tumor. When large, the ovary may be almost lost in the walls, or observed as a mere tubercle sticking to, or imbedded in its side. Very generally, but one ovary is the seat of disease, but in a few instances, both are affected. Not often do they become consecutively the nidus of these growths; one being first the subject of disease, and then followed by the other. And when such is the case, we are not warranted in supposing the one to be the cause of the other, either remotely or directly. Notwithstanding the above assertion, I do not wish to be understood to say, that sympathetic degeneration between these two bodies is impossible. These tumors divide themselves anatomically into monocystic and polycystic. The one having a single cystic cavity, the other several. The polycystic variety is formed by the development of several cysts adjoin-

ing, or by the side of each other, and independently attached to, or springing from each other on the external surface, or within the cavity of one large one. The instances of polycysts growing by the side of each other, and being independently attached, resembles at first the single. At an early stage of development, they may stand free of contact—one with the other; but as they grow in size, in consequence of the small surface of the ovary to which they are attached, they crowd together, so that it is not always easy to say whether they were not developed from each other. The cysts from which smaller ones grow, are called proliferous. They are doubtless single for some time in their early development, but carrying up, as they increase in size, the proper substance of the ovary, with its rudimentary ovisacs, after a while the inner or outer surface is bulged by the maturity of these last, which, if they do not dehisce and allow the escape of the ovum, still grow into a subordinate tumor. This process is separate, until there is a glomeration of cysts to quite a number, from four to fifty, of various sizes,—from the size of a man's head, down to that of a pin's head. Small ones may be so numerous as to stud a large part of the inner surface with granulated elevations. This is the most frequent variety met with in practice.

There is a great difference in the sensible qualities of the contents of the cysts, in different cases, and of the different cysts in the same case. In some, it is very thin, in others, very thick, and tenacious, while the color shades from black, inky, to liquid clearness. The monocystic, as a general thing, affords thinner, clearer fluid than the polycystic, though this is not invariably so. It is in the monocystic variety, however, that we generally find the solid contents. These solid contents are, for the most part, formed of tegumentary, adipose, hairy, osseous and dental tissues. All these are irregularly developed and distributed, so that no semblance in shape or other conditions can be discovered to an independent being,—as a fetus. Sometimes the tegumentary substance is small and gives attachments to a few hairs, sometimes the quantity of hair is long and entirely isolated, and either inextricably

knotted together, or straight and few in number. They may be long,—ten or twelve inches, or very short. Irregular bones, or the enamel of teeth, without the bony structures, are often attached to the side of the cavity; but no organic order, symmetry, or completeness, has yet been seen. In fact, should a femur, a scapula, a complete maxilla or other complete organs be developed, the tumor would unquestionably range itself under the head of extra-uterine foetation, and not ovarian disease proper. The tumor containing solid materials of this kind is usually small. Not unfrequently large fibroid growths are observed in the ovary at the base of a single or multiple cystic tumor. These solid fibroid or fibrous growths may be simple or benign in their nature, or malignant. This complication of ovarian dropsy, I think more frequent in persons advanced in years (over forty), than younger ones. The contained fluid of the polycystic tumor, is ordinarily highly albuminous, of high specific gravity, tenacious, and more or less colored. The fluid is so thick sometimes, as not to flow through a small canula. Blood and pus are the coloring matters of this fluid ordinarily. From one tumor of several cysts, I drew pus from one cyst, dark coffee-ground, sanguino-serous fluid; from another, a beautiful straw color; from still another, a fluid of a delicate azure tint. After tapping, more or less alteration is observed in the fluid, each operation withdrawing fluid affected by chemical or pathological circumstances. In the former putridity or acidity would result, in the latter, the purulent productions of inflammation might be expected, or fibrous concretion, or serum changing the tenacity and thickness of the fluid.

There are some chemical and microscopic resemblances in the fluid from almost all varieties of ovarian tumor. Albumen seems to be almost always present; in some specimens of fluid, strong acids, or heat, causes it to assume a solid form, coagulating and adhering like the white of an egg when cooked in boiling water; in others a small precipitate is all that is observed. Between these extremes, all shades of difference exist, but undoubtedly nearly all ovarian tumors yield highly albuminous fluid. The reaction is alkaline.

Mr. Nunn says that, "as the results of many examinations (microscopic) of different specimens of ovarian fluid, the most constant characteristic of such fluid, is its containing in greater or less abundance, cells gorged with granules; and in addition, circumambient granules having the same measurement encompassed by the cell. The size of the gorged cells and included granules varies greatly even in fluid from different cysts in the same ovary." This description of fluid could, with certainty, remain good of the first evacuation only, as pus and blood globules are not unfrequently found in subsequent evacuations.

I have already stated what I believe to be the nature of the sacs or cysts of ovarian tumors, and it will not be necessary to repeat it; but there is one curious question as to the origin of the solid substances sometimes found in them, which so very much resemble the tissues of a fœtus, upon which I feel at liberty to add my conjectures to those of many others, who have written upon ovarian disease. I do not desire to argue elaborately in favor of the opinion I embrace, or against those who adopt a different one, nor to give instances to any extent in proof for, or against. I do not think that the discovery of hair, fat, teguments, bone or teeth, in the ovary in the imperfect state of development, and irregular relationship above described, affords any evidence of impregnation or sexual connection. In explanation of the formation of these tissues, it may be conjectured that the ovaria have such independent cell capacities as will enable them not to form a living being independent of sexual influence, but under certain circumstances, to imperfectly produce tissues of a very elementary nature, resembling those found in the products of impregnation. The tissues of ovarian disease are of the lower grade in a formative sense. We do not find muscle, nerve, or vessel in these places, and under these circumstances. There does not seem to be generic energy enough in the ovum, unaided by seminal impression, to give the direction to cell action for the formation of these more complicated tissues. We should observe, too, that although the cell action of the ovum may start up the formation of these singular tissues, there is no

generic order or completeness in that action. In all this, we see another of nature's distinct modes of formation under peculiar circumstances. I am not aware that in any other part of the body, such a condition of development ever takes place inside of a cyst,—a development which gives origin to so irregular an assemblage of tissues, without the formation of any organ out of them. When foetal tissues are found elsewhere in the body, or in any part of the male, there is something of organic completeness about them, and perfect bone, tooth, or some or many organs may be distinctly traced; nerve-matter, muscle, etc., and in fact, all the more complicated tissues are met with. These facts, I think, establish a broad difference between the products of conception and the irregular cell or tissual development of the ovum, and I cannot see why the theory I have mentioned, may not explain all the circumstances fully. The pathological condition of the system which gives origin to this affection, is not determined, and perhaps, is not peculiar; in fact, it is probable that the general condition of the patient has nothing to do with the production of ovarian tumors, particularly the dropsical variety. Dr. F. Bird thinks that it is found more frequently in scrofulous or strumous persons, and appears in families subject to phthisis. Statistics have not been resorted to in sufficient copiousness to prove or disprove this opinion. It, according to Dr. Bird, occurs more frequently in patients from twenty-five to thirty-five years of age; is more common in the married than single ladies, and is generally associated with sterility.

I have not much doubt, however, that the state of the ovaries has much to do in starting up these tumors, and it is most likely that inflammatory thickening or condensation of the peritoneal or fibrous envelops of this organ, is the condition. If we imagine the fibrous indusium to be thickened and condensed, so as to be less fragile or less amenable to the influence of the absorbents, and thus, failing to yield to the distension of the maturing ovum, so confine it that the follicular fluid cannot escape, we have incipient ovarian dropsy.

It is only necessary that the unruptured coats of the ovisac should continue to secrete its fluid, and the strong indusium refuse to crack open and allow its escape, to have all the conditions of an ovarian dropsy, that will be limited only by circumstances foreign to those of their origin. However this may be, there can be no question, but that the beginning is the failure to discharge the fluid of the ovisac, and that this last is, in the early stages, the fluid of the ovarian tumor. There is, also, a kind of independent pathology of ovarian tumors: After they are developed to a certain extent, they become subject to accidents and disease, and play an important part in consequence of this fact in the sanitary conditions of patients in whom they exist. Inflammation for instance, attacks them, and causes ulceration in their walls, so as even to perforate them, making a communication between the cavities of contiguous cysts, or with the peritoneal cavity. Without perforating the walls of the tumor, the ulceration may produce a good deal of pus, which is mingled with the other contents of the cyst in which it occurs. General inflammation of its walls may proceed to a fatally exhaustive extent, or spread to the peritoneum, and thus indirectly cause death. Gangrene may also result, which may be confined to the cavity of some of the cysts, and induce a putrid, offensive state of the contents, or perforate the partitions dividing, and thus make a communication between cysts, or open them into the peritoneal cavity. The walls may also rupture from distension, in consequence of their becoming attenuated; or by a violent stroke or fall, or other shock, the tumor may be ruptured, and the contents escape into the peritoneal cavity. By means of ulcerative communication with the fallopian tubes, evacuation of the fluid occurs. Adhesion to the walls from inflammation and ulceration through the parts thus agglomerated, sometimes results, and the fluid so discharged. Inflammation also causes adhesion at various parts. The fibrin effused, glues it to the surrounding parts,—the abdominal walls, the intestinal canal, bladder, and other viscera. Slight inflammation is supposed to increase the effusion in their cavities, and cause them to grow very rapidly. Inflammation,

also, sometimes, no doubt, causes obliteration of the cavity from adhesion of the walls. This is more frequently the case when it results from external causes,—as blows, tapping, pressure, injection, etc. Now it hardly ever happens that these diseased conditions and accidents of the tumors fail to produce their effects upon the health of the patient. No doubt, but that death occurs from extensive disease in the sac without any organ being involved in the trouble directly. A large production of pus would exhaust the patient ; gangrene to a large extent would cause death, as extensive gangrene of unimportant organs generally does. But an extension of disease to the peritoneum and surrounding viscera, or by the effusion of the acrid contents of a diseased cyst, are more likely to be the modes of progress to constitutional disturbances inaugurated by inflammation in the tumors. When the tumor is burst, and its contents effused into the peritoneal cavity, the peritoneum seldom escapes without inflammation ; but the degree will depend upon the nature of its contents. If they are not vitiated, but consist of the bland albuminous fluid found there ordinarily, it is very slight indeed, and lasts for a very short time only. But should pus, or the ichor of decomposition be mingled with it, we should be prepared to expect serious, if not, fatal results.

I once had an opportunity of observing the progress of a case, for several months, where this rupture and effusion were frequently repeated. About every three weeks the woman would attain to a large size, and a well-defined, large cyst could be felt filling up the whole abdomen, and distending greatly ; when suddenly, without premonition or apparent cause, the cyst would give way ; the swelling would become more diffuse ; fluctuation very evident, and the cyst could be no longer defined by the touch ; slight fever and some tenderness of the abdomen would last for two or three days, when copious perspiration and diuresis would evacuate the fluid in a few days more. After this process was completed, the abdomen would be lank, and a small cyst could be felt rising up from the left ilium, it would increase and burst at the end of three weeks, as the other had done before. I saw the patient

frequently while this process was repeated six or seven times, when, as she would not submit to the operative procedure, which I insisted upon, I was dismissed, and an irregular practitioner, who was sure he could cure her, installed in my place. Not long, (perhaps three months) after I was discharged, she died from the inflammation resulting from one of these effusions, probably, because the contents of the cyst had become vitiated by inflammation within its cavity.

But these growths may produce a pathological condition of the system, without becoming, themselves, the seat of disease, by the great size they may attain, mechanically interfering with the functions of the pelvic and abdominal viscera. Before rising out of the pelvis, it may displace the uterus and cause inconvenience from this effect; it may, press upon, and obstruct the rectum, bladder, and urethra, or upon the iliac veins, causing obstruction to the flow of blood, and varicose veins in the legs, phlebitis or phlegmasia dolens; or, pressing upon the nerves, cause neuralgic pains in the limbs, hips, etc. It is plain that such pathological effects, when induced, would be serious, in accordance with the greater or less impaction in the pelvis, by its continued growth. Ordinarily, these inconveniences do not prove very embarrassing to the functions of the important vital organs; but sometimes the case is far otherwise, and life is very much shortened, and health rendered miserable. As it rises into the abdomen, these mechanical troubles are apt to be lessened, and as the room is comparatively so great in that cavity, quite a while elapses before any great disturbance results from mechanical pressure; after awhile, however, the abdominal muscles are distended beyond convenient size, and the tumor is strongly pressed among the viscera. The kidneys, liver, stomach, intestinal tube, in fact, all the abdominal organs may become the subject of great, and even fatal pressure. In many instances, however, enormous size is attained before fatal damage results. One hundred and fifty pints of fluid have been taken at a single tapping. A much less amount in most cases, would produce very grave results by pressure. When the growth is rapid, its mechanical effects will be more distressing, and on the

contrary, the organs accommodate themselves to a great deal more pressure, if gradually brought about.

Besides the inflammatory changes that take place in the tumor, chronic degeneration is occasionally observed. Deposits of earthy substances in the walls, bony spiculæ, etc., are the most frequent. Small tumors, containing solid material, are more commonly thus affected.

The modes of termination are worthy of some consideration. Many cases last through a great many years without materially influencing the general health, and up to the death of the patient, at an advanced age, prove to be nothing more than an inconvenient burden when large, and when small not the cause of even this kind of trouble. But cases of this class are not very numerous, and by a large majority they terminate and leave the patient in the enjoyment of real or comparatively good health, or by their effect upon the constitution shorten her existence. Spontaneously favorable terminations are so rare that we can base no calculation upon them, but were it possible it would be interesting to follow nature through her resources in this respect; and I am sorry that my means for reference are so limited as to prevent me from thoroughly examining this branch of the subject. Perhaps rupture of the sac into the peritoneal cavity, collapse and adhesion of its walls is the most common and favorable spontaneous termination. After the rupture, in cases where cure follows, it is probable that the opening in the sac continues, and that a permanent fistula, so to speak, from the cyst into the peritoneum, places the fluid in contact with a more active absorbing surface, until by the elasticity of its walls it contracts to annihilation, or at the first shock of the rupture, inflammation is originated that causes an obliteration of the cavity of the sac. Dr. Simpson speaks of instances of evacuation through the vagina. The same thing might occur in connection with the bladder or alimentary canal. I have already spoken of adhesion to, and rupture through the walls of the abdomen, and consequent recovery. Inflammation in its proper tissues, no doubt, sometimes arrests the development of and obliterates the tumor without materially affecting the pa-

tient's general health. It is not improbable that other causes, with which we are not acquainted, may likewise operate to the arrest and cure of them, inasmuch as they unquestionably do sometimes disappear in an unaccountable manner.

The local pressure interfering with the functions of the bladder and rectum, may induce complicating diseases that lead to death, and consequently cause death before the tumor is very largely developed. Inflammation will spread upon these organs to their more vital connections and relative organs. Or by interfering with excretion from the bowels or bladder produce disease of the blood, and thus gradually undermine the health of the patient.

After the tumor has arrived at, and greatly distended the abdominal cavity, pressure upon the viscera will sometimes produce disastrous terminations. The stomach is crowded into a very small space, and food can be taken but sparingly, and is often rejected before digestion is completed. The vascular supply of this organ is cramped, and its secretions vitiated and embarrassed, and in this way digestion is interfered with, the appetite destroyed and loathing of food takes its place.

Pressure upon the vena porta embarrasses the secretion of the liver; pressure upon the ductus choledochus, gall-bladder and duodenum, stops the excretion of bile, it is dammed back upon the gland, absorbed and thrown into the blood to poison the nervous centres.

There is no doubt also that the general compression of the organs, by pressure upon the chyle absorbents, prevents that fluid from passing as freely as usual into the blood, and thus by degrees starves the patient. But probably no more disastrous effects of the pressure of the tumor in the abdomen is noticed, than such as is produced through the kidneys. Pressure upon the emulgent veins causes congestion of the kidney tissues, retention of urea, and other matters that should be excreted, and drains off the albumen with the urine, until the blood becomes thinned enough to infiltrate into the cellular tissue generally, in the form of oedema of the extremities, or into the peritoneal cavity, giving rise to ascites. But this is not

the worst mischief, perhaps, caused by the pressure on the kidneys; the poisoning of the blood with urea, and its effect on the nerves and vital organs is too well known to require more than mere mention to suggest the rapidly fatal tendencies which result from it.

Inflammation in any of the important abdominal organs, may be caused by the pressure which will terminate fatally in a greater or less time, owing to its acuteness or slowness of progress. It will be seen by the above description, very short to be sure, that ovarian disease usually terminates by inducing a long train of distressing constitutional symptoms. They are not uniform in different cases, some persons suffering from one mode of complication, and some from another, but nearly all are pretty sure to experience those terrible sufferings, connected with secondary disturbances in the vital organs.

ARTICLE II.

A CASE OF COMPLEX LABOR.

DOUBLE FISSURE OF THE OS UTERI, WITH CICATRICES; RETAINED PLACENTA, WITH HOUR-GLASS CONTRACTIONS.

By CHAS. G. SMITH, M. D., of Chicago, Ill.

Read before the Chicago Medical Society.

On Monday evening, 14th October, I first visited the patient. Having inquired for her previous history, I learned that this was her sixth labor, and that in the previous five, she had never had a living child. The peculiarities of each confinement I could not learn, but only that in the last she had had retained placenta, and crural phlebitis, and was sick a long time. She was now having slight pains, but the membranes had broken, and with every pain came a gush of liquor amnii. On making a vaginal examination, and carrying my fingers as high as possible, I could feel the extremity of a fleshy tumor, in the posterior part of the vagina, but was unable to make out any os uteri. It did not feel like the cord, and there was no pulsation. It did not feel like the placenta,

and there was no hæmorrhage. It was too firm for a polypus, and I was in doubt what it was, and waited for time and the progress of the labor to develop its true nature. On making another visit, late that night, Dr. HEYDOCK accompanied me. There was but little change perceptible, still enough to enable us to perceive the extremities of another body, like the one first mentioned, and immediately anterior to it, but not enough to give any accurate idea of what they were.

On Tuesday, the 15th, I visited the woman morning and evening, but the pains were very slight, and accomplished nothing but to irritate and fatigue the patient.

On Wednesday morning, the 16th, the pains started up quite briskly, and it could now be felt that the tumors described, were the anterior and posterior lips of the os uteri, separated by deep fissures on each side, and enlarged by their own growth, or some tumor attached to their inner surface. Dr. BYFORD saw the patient this noon with me, and detected the head, high above these enlarged growths. As the evening came on, the pains increased more and more, and the internal os could be distinctly made out, with firm cicatrices on each side, and the head pressing down hard on it, without making the slightest dilatation. Late at night, I left the woman quite wearied out, and having occasional and unavailing pains. I gave her some morphine and left directions to be called in the morning, if the pains came on strong and she seemed about to be delivered. I was not summoned, however, till seven o'clock and did not get to the house till half past seven. This was Thursday morning, 17th instant. I found that she had had some few severe pains, and while on her hands and knees, straining a good deal, the child was born, very suddenly and unexpectedly to her attendants, at about six o'clock. It was dead, and gave evidence of having been so for some time. I concluded that the cicatrices alluded to, had, from her great efforts, suddenly ruptured, and, as the vagina was large, allowed the easy passage of the child. On making an examination, I found the pendulous and enlarged lips of the os hanging down the vagina, and that the placenta had not passed from the womb. As it was now, an hour and three

quarters, since the birth of the child, I determined to remove it. With my left hand on the fundus, I passed my right easily into the womb, for about half its length, when I found a strong hour-glass contraction, through which a small segment of the placenta was hanging. I may say here, that I did not distinguish any irregularity of surface from the outside, the abdomen of the patient being large and fat and unfavorable to such an exploration. I pulled gently on the placenta, without accomplishing anything, and then passing my hand gradually through the constriction, found that it was adherent to the walls of the womb, for a space of the size of my hand. I then commenced to take it away as well as I could, but it was so firmly attached, that it would not in any sense peel away from the uterus, and it was only by tearing and breaking through its substance, with my fingers, as gently as possible, and as near to the uterine wall, that I was able to get it away at all. The woman was much exhausted by her long labor of nearly sixty hours, and by the manual interference necessary at its close. She rested quietly, though, during the day, and seemed tolerably comfortable at night.

On making my visit Friday morning, the 18th, she seemed to be doing well, with the exception of a slight febrile movement; she said she was getting along very well and felt much better than she expected. In the evening, however, I was summoned to the house, in great haste, with the message, that while a young girl was sitting by her bedside, and waiting on her, she had got out of her bed twice, and run round the room, and was in fact quite crazy. I found her with a pulse of 130, great heat of surface and delirious. The uterus was enlarged, but not very tender on pressure. Dr. BYFORD was called in consultation, and she was directed to take this powder every four hours :

R—Hydrarg. chlorid. mit., - - - grj.

Opii., - - - - - grss.

Alternately, with five drops of the tr. verat. viride every four hours.

The next morning (19th), I stopped the mercurial and opiate, but continued the veratrum viride through the day, till its

desired effect on the pulse was produced. The uterus was getting large, and the tenderness increasing, and although the heart's action was lessened by the veratrum, there was no change for the better in the head or general symptoms. She was getting into a typhoid state, from the protracted labor, or the absorption of some poisonous material into the blood, or both. The medicines were stopped, and nothing given but wine and water, and beef-tea, with counter-irritation to the extremities. She lived a day and a half after this, passing from a delirious into a comatose state, in which she died. No post-mortem examination was allowed.

The case seems interesting from the peculiar condition of the os uteri. The tumors spoken of, hung down into the vagina, as much like two tongues, as anything I can describe. On each side above them, in the fissures separating the two, were the firm bands of the cicatrization. It is interesting, also, as proving that adherence of the placenta is the cause nearly, if not quite always, of hour-glass contraction, acting like a splint over the muscles of the womb, to prevent their contraction; and that hour-glass contraction is not readily perceptible from the outside.

ARTICLE III.

CASE OF FRACTURE OF THE SKULL.

By O. B. ORMSBY, M. D., Assistant Surgeon 18th Reg't I. V.

Reported for the EXAMINER.

I was called at 12 M. of October 18th, to see Michael B—, Irishman, aged 35, brown hair, blue eyes, and apparently a stout healthy man.

Found him entirely insensible; pupils dilated widely, but equally on either side, pulse 100, small and soft, extremities cold, and breathing so irregular as to warrant description. Each inspiration was accomplished by a series of violent sobs, and was succeeded by an expiration very nearly, or quite normal, in character. After breathing in this manner quite hur-

riedly four or five times, an interval of ten seconds of entire rest succeeded, during which, the patient did not breathe at all. Upon inquiry, I learned that in a street fray, twelve hours previously, he had received a severe blow on the head. The scalp was unbroken, but considerably tumefied, and it was with some difficulty, that fracture and depression of a portion of the left parietal bone was diagnosed. Venesection in both arms was attempted, but meeting with only partial success, no beneficial result was apparent; and as the vital powers of the patient were evidently failing, with the concurrence of Surgeons BURKE, PAINE, DAVIS and STAHL, an operation for his relief was determined upon.

When the scalp corresponding to the apparent seat of injury was exposed by the razor, a purple discoloration was observed extending antero-posteriorly from $2\frac{1}{2}$ to 3 inches, and perhaps $\frac{1}{2}$ inch in width from above downwards, evidently the result of a blow; otherwise, the scalp appeared to be healthy. The operation was commenced by making a crucial incision $2\frac{1}{2}$ inches in length through the integument, aponeurosis of the occipito-frontalis, fascia and cellular tissue to the bone. The flaps were then dissected up, when an examination disclosed a very close fracture running across the space thus exposed, from before backward, with very slight depression of the inferior portion of bone. The trephine was then applied, and a portion of the fracture cut away. A small branch of the temporal artery, which bled so profusely as to impede this part of the operation, was tied.

The trephine used was one of the conical-shaped, made by Tiemann, having the teeth pitched well forward, and was inclined to take too rank a hold on the diploe, but cut the tables very readily. The portion of bone included within the crown was then taken out, disclosing beneath it a clot of dark colored blood lying upon the dura mater. The elevator was applied by Dr. DAVIS, and the depressed bone raised up to its proper level, affording evidently some relief to the patient, whose breathing became somewhat more regular. After waiting a few minutes, all of the clot which could be got at without

undue violence was removed through the opening made by the trephine. The patient was then removed to the hospital of the 18th Regiment, and four drops of ol. tigllii administered per anum, and sinapisms placed upon his abdomen and extremities. The wound was washed with warm water, to encourage oozing of blood, and left open. The patient however soon relapsed into his former condition, gradually sank and died at 9 o'clock P. M., of the same day. Autopsy before the coroner's jury seventeen hours after death: Rigor mortis well marked, body looks healthy, wound resembles a fresh cut. With a view to examine the brain, commenced an incision at the mastoid process of the left temporal bone, carried it through the incision made in trephining directly over the crown, to the corresponding point upon the opposite side, and dissected off the scalp anteriorly and posteriorly, exposing the entire upper and lateral regions of the skull. In this dissection, a considerable quantity of extravasated blood was noticed infiltrating the cellular tissue of the scalp, evidently the result of several bruises. A large fracture was very readily discovered extending from left to right, entirely through the coronal suture, dropping behind it in the middle of the right parietal, but again reaching it before its termination at the squamous suture. Crossing this fracture at right angles was another shorter one, extending from an inch anterior to the coronal suture toward the middle of the inferior border of the left parietal. This fracture was curved, approaching nearer the vertex, in the middle of its course than at either extremity. Three small indentations were observed in the frontal bone, close to the anterior inferior angle of the left parietal, from one of which proceeded a small radiated fracture. Another fracture was discovered commencing at the anterior inferior border of the left parietal, extending upward and backward towards its centre, and dividing near the termination of its course. Another small fracture commenced near the middle of this bone, and extended $1\frac{1}{2}$ inches backward into its body. A fracture half an inch in length passed backwards from the large transverse fracture into the body of the right parietal.

The next step was the removal of the calvarium; upon an examination of the internal table, found it fractured in various directions, corresponding to the fractures of the external table already described. Found also two large discolorations before and to the right of the vertex, produced by effusion of blood into the diploe. Upon the dura mater, covering the right hemisphere, was found a large clot of blood three inches in diameter, one inch in vertical depth in the centre, and weighing seven and one-half ounces. This clot entirely covered the anterior superior portion of the right hemisphere, and encroached to the extent of an inch upon the left. This blood was found to have proceeded from the middle meningeal artery of the right side, which passed through a canal at the anterior inferior angle of the parietal, and at that point was entirely severed. The dura mater was next dissected off; the brain and membranes presented a healthy appearance, no adhesions, no effusion, and the brain presenting only ordinary vascularity. In the walls of the superior longitudinal sinus a small piece of bone $\frac{2}{8}$ of an inch long, and $\frac{1}{8}$ wide was found, but it had evidently been deposited there some time previously. Removing the brain from the skull, found no fracture or disease of the base. Upon examination, the brain was found to be healthy in every part. The skull was of medium thickness, solid, and the sutures well closed. It was alleged upon the witness stand, that this man had received but one blow from a club, and that subsequently he had spoken, and got up and walked a distance of one hundred yards. The principal questions in the legal investigation of this case to be decided, by medical testimony, will be, could one blow have produced the amount and kind of injury here described, and could the subject, afterward, have walked a distance of one hundred yards. The most surprising feature of the case, however, apparent to me, was, that such extensive fractures had been produced without solution of continuity of the scalp. Had the injury been at the base of the skull, it could be readily accounted for, from the fact that fractures of that region are more often produced by falls, where the weight of the body, transmitted through the spinal

column is the immediate cause of the mischief, and the scalp is not necessarily bruised at all; but to injure the vertex, momentum must be applied from without, and to render that momentum effectual, it must be more or less concentrated. If sufficiently diffused, however, to destroy the integrity of the bone so largely, still without injury to the scalp, then the shock to the whole mass of the brain must have been very great, and the consequent concussion correspondingly severe. It is, however, perhaps barely possible, that the man might have walked the specified distance after recovering from the concussion, and before the artery had poured out a sufficient quantity of blood to effectually compress the brain, (for the depression of bone was not nearly great enough to produce so severe symptoms.) But could such an injury, by any possibility, have been produced by a single blow?

ARTICLE IV.

NEW OPERATION FOR OBSTINATE STRABISMUS.

By E. ANDREWS, M. D., Prof. of Surg. in Med. Dep. of Lind University, and Surgeon of Mercy Hospital.

Certain cases of strabismus have always been considered incurable; among which are those which result from rupture of the external rectus oculi muscle, and those which are produced by a wound or injury within the internal angle of the lids, fastening the eye by a cicatrix. Yet there occur instances of this sort where the cure is of the utmost importance. Such are those where the sound eye happens, subsequently, to be ruined, while the strabismic one is so turned inward as to be rendered practically useless for supplying its place. In such case the patient is actually in the condition of a blind man, though having one eye perfect in everything but position. Having two such cases on hand, I resolved to try a new operation on one of them. The external rectus muscle had been ruptured, allowing the cornea to turn toward the internal canthus so far as to be quite out of the reach of vision. Some surgeon had made an ineffectual operation on the old plan

the only result of which was to form a cicatrix, which glued the eye more firmly into its faulty position.

Having administered ether and chloroform, I commenced, as in ordinary operations for strabismus, by cutting the conjunctiva on the inner side of the eye with the scissors; then, with a blunt hook, I picked up successively every band of cicatrix, tendon or fibrous tissue which interfered with the motion, and cut them off with the scissors until the globe could be freely turned outward, by seizing it with forceps and making traction. The eye was thus liberated from the bond, but as there was no external rectus, there was no voluntary power of keeping it to its place. I proceeded therefore as follows: Pinching up the conjunctiva on the outer side of the globe with the rat-tooth forceps, I cut it perpendicularly with the scissors, two lines from the cornea; commencing at the slit thus made, I dissected off the conjunctiva oculi from the slit outward quite to the lining of the lids at the external angle, denuding the inside and edge of the external canthus at the same time. I then took a silver ligature, bent in the form of a staple, and passed the two ends, first through the strip of conjunctiva remaining next to the cornea, and then through between the eye-ball and external canthus, bringing them out through the skin at two points near the external border of the bony orbit. By drawing upon them, I rolled the eye well out, so as to press the cut edge of the conjunctiva against the denuded canthus, and then fastened the wire by a lead button. In this way the eye was secured firmly in a correct position. Some inflammation followed, which was readily held in check by cold water dressings. On the sixth day the suture was taken out, when the eye was found to maintain its correct position, and the operation proved a complete success.

From the results of this experiment, it is obvious that some cases of strabismus which have hitherto been considered incurable, are capable of being rectified, and that this operation may restore useful vision to a class of patients which had been given over to virtual blindness, by the faulty position of the remaining sound eye.

Correspondence.

CONGENITAL MALFORMATION—EXTRACT OF BELLADONNA IN MAMMARY INFLAMMATION.

TO THE EDITORS OF THE CHICAGO MEDICAL EXAMINER.

GENTLEMEN:—On the 24th of September, 1859, I delivered Mrs. Keppell, a German, of a large and healthy female child, at full term. The day following, the mother in great trepidation, remarked to me, "the baby isn't right, it stools the wrong way! O what will become of it!" Upon an inspection, an anomalous condition of the genitals presented itself, which at the time, struck me as unique, the like of which had never passed under my notice, neither can I find a parallel case on record, so far as my observation extends.

The perineum presented nothing unusual, except that, in place of the anal opening at the posterior termination of the raphe, there was a teat-like prominence occupying the point where the rectum should have terminated. Without disturbing the parts, the entrance to the digestive tube was invisible; but upon separating the labia pudendi, I discovered, anterior to the posterior commissure, occupying the space of the fossa navicularis, a small opening communicating with the rectum, which at first view, I regarded as fistulous, supposing the case to be one of imperforate anus. A close investigation, however, revealed the fact, that the opening was provided with a perfect sphincter, both in appearance and in function—that it was, in truth, the anus!

The external sphincter is perfect in all its characteristics, except that it seems less developed, in size, or more unyielding, inasmuch as its capacity for expansion or distension is considerably less than it should be, presenting in consequence, a greater obstacle or resistance to the passage of the contents of the bowel. So far as can be discovered, with the exception

of this malformation, the child is perfect in all its parts, and is now large and thrifty, showing that the little difficulty attending defecation, does not interfere in any degree, with its welfare and growth.

When about four months old, defecation suddenly became so difficult, that but very small quantities could be discharged, causing the infant great uneasiness; finally the feces were entirely arrested for several days, causing some fever and much suffering, when I was sent for. I found the abdomen large and distended, seemingly to its utmost capacity. Separating the labia majora, and bringing into view the pudendal anus, I discovered a hard smooth substance infringing upon the anus from within, which I suspected to be a pebble; mentioning my suspicions, the mother observed that the child had been playing with pebbles sometime prior to the date of its fretfulness; one of which it must have swallowed, and proving too large for expulsion, it had lodged within the external sphincter, effectually blocking up the passage. I bore against it with a probe, pushing it upward, whereupon the feces passed freely, so long as I held the pebble upon the point of the probe. After a large evacuation, supposing the bowels pretty well emptied, I withdrew the probe, and attempted the introduction of the spoon-shaped end of a grooved director, with a view to engage the pebble in the scoop, that I might remove it. The constriction of the sphincter, however, was so considerable, that its introduction was attended with difficulty, causing the parts to bleed. Failing with the director, I bent a probe, introducing the hooked end into the rectum, but could not engage the pebble, as it would slip upward, in spite of my efforts. In each attempt to get rid of the foreign substance, large quantities of feces would escape. The pebble acted as a perfect valve. I suggested to the mother, that it could only be removed, at that time, by incising the sphincter, to which she objected so strongly, that I did not feel at liberty to press the matter, believing that its presence could do no other harm than to mechanically obstruct the passage, which might be obviated by the repeated use of the probe.

The infant, as may be imagined, was "itself again," after its bowel was relieved of its contents. For a considerable length of time, the mother made frequent use of a probe, for the purpose above mentioned, enabling the child to free its bowel at regular intervals, preventing any fecal accumulation.

Until quite recently, I saw no more of the child, when, upon inquiry, I ascertained that the pebble, that had played such singular freaks, had in all probability been dislodged, as it had not discovered itself for some months. The only difficulty now, seems to be, that unless the stooling is semi-fluid, it is voided with considerable straining.

Growing out of this singular malformation, an interesting question presents itself to my mind. It must be remembered, that the child is purely Teutonic, both father and mother Germans, with large heads and broad shoulders. Should the child mature to womanhood and maternity, more especially if wedded to a German, could she give birth to a child without a laceration of the recto-vaginal wall, involving the anus? Would there not be infinitely greater danger of this accident, than if this malformation did not exist?

Would a laceration—particularly in the first labor, and if in the first, in every subsequent one,—be avoidable?

If the foetus were above the medium size, as might be presumed, for the reasons already stated, would not laceration be inevitable?

ALTHOUGH not pertinent to the foregoing subject, I cannot refrain in this connection, from adding my testimony to the recorded efficacy of the local application of a watery solution of the Ext. Belladonna in mammary inflammation, to which my attention was first directed in 1858, through an English translation, by Prof. W. H. BYFORD, of Chicago, of an article from a German periodical, which appeared in the *North-Western Medical and Surgical Journal*.

In her first and second confinements, Mrs. K. had suffered excruciatingly from abscess of one breast. I was in attendance when confined with her third child. Knowing her liability to inflammation and its fearful consequences, of her "sore

breast," as she called the mamma which had caused her such exceeding agony during each prior confinement, and which had become indurated in consequence, and partly unfitted for lactation, I was very desirous of averting an evil which seemed imminent.

Upon this occasion, she was delivered without any untoward symptoms, early on the morning of September 15th, 1858; on the third day following, she was seized with a severe and prolonged chill, followed by fever. Both breasts were painful and tumid, but the "sore breast" was exceedingly tender and rapidly inflamed. Apprehensive that suppuration was inevitable, I fortunately bethought myself of the translation above referred to; in addition to a cathartic and antimony, I directed the breast to be bathed with a watery solution of the extract, in the proportion of ʒss to the ounce, and the breast afterwards covered with a flannel cloth, moistened with the solution, with orders that the cloth be kept constantly moistened with it. To the great relief of the frightened woman, and my utter astonishment, every vestige of the inflammation disappeared in a few days,—without suppuration, of course.

I am not positive whether she gave suck with her "sore breast," or whether she "dried it up," though I am inclined to the opinion that it secreted a small proportion of milk.

In her last confinement, she escaped without any other trouble than a mild milk-fever, her "sore breast" more sensitive than the other.

Since my first trial of the extract of belladonna, I have had repeated opportunities of confirming my good opinion of this agent. With but one or two exceptions, entire success followed its application.

I might give the details of several cases, wherein its timely use saved them lancements and counter-openings, whilst in prior confinements, they had endured all the tortures of abscess. One case particularly arrests my attention:—

Some fifteen years ago, my sister, then residing in a neighboring village, some twenty miles hence, was confined with her first child. From some cause or other, inflammation and

abscess of both breasts ensued, and, as is too often the case, poulticing was relied on to "bring it to a head." As might be expected, the pus burrowed between the lobes and underneath the integument, seeking exit through a number of openings. Months elapsed before she recovered, with the loss of her child. Using the ordinary means to prevent a similar occurrence during her second, third and fourth confinements, suppuration, more or less extensive, ensued each time. Before the fifth confinement, I had a solution of the extract in readiness, with instructions to apply it freely immediately upon the access of inflammation. The result proved entirely satisfactory; no abscess followed.

Last summer, she was again confined, and threatened with inflamed breasts, but a timely use of the remedy, arrested it speedily.

J. J. LESCHER, M. D.

MOUNT CARMEL, ILLS., Dec., 1861.

IMPROVEMENT UPON THE ADHESIVE-STRAP COUNTER-EXTENSION.

TO THE EDITORS OF THE CHICAGO MEDICAL EXAMINER.

GENTLEMEN :—In the last number of the EXAMINER I gave an account of a new method of counter-extension by means of adhesive-straps in cases of fractured thigh. In that communication, I advised the use of three broad straps of a yard and a half in length; one of them was to be applied along the abdomen and chest, on the afflicted side and parallel to the axis of the body, thence loosely over the shoulder and applied down the back as far as the brim of the pelvis. The second strap was to commence on the sound side between the crest of the ilium and trochanter major, and pass obliquely upward and across the body, over the same shoulder as the previous strap, then diagonally down the back until it returned to the starting point, and crossed the other end above the trochanter. The third strap was to be applied around the waist in the manner of a belt. This dressing was used in the fol-

lowing manner: To the top of a Dessault's, or any other long splint, a bent iron was attached, curving around the bulge of the front of the shoulder, and terminating in a proper hook which was attached to the loose loop of the adhesive-straps where they crossed the top of the shoulder. Adhesive-straps were also used in the ordinary way for the extension. All surgeons know the perfect comfort and ease of the adhesive-strap extension, and the pain, vexation and distress of the perineal band counter-extension. The dressing above described, was found to effect counter-extension without a particle of pain or soreness.

Since penning that communication, I have received a letter from Dr. P. R. Hoy, of Racine, Wis., who allows me to mention the following improvement, made by him in the above treatment.

On trying the method detailed in the *EXAMINER*, one finds two inconveniences. First, the difficulty of raising a patient with a fractured femur so as to apply the straps to the back; and secondly, the softening of the straps on the back by the heat of the body, confined by the bed, so that they gradually slide from their position. Dr. Hoy, therefore, modified the dressing, by cutting the straps full three inches wide and applying them only in front. He also applies three belts, or rather cross straps, which only go half around the body. In this way they are adjusted without moving the patient, and not being heated between the body and the bed, they do not slip. For these reasons, Dr. Hoy claims that his modification of my plan is an improvement, and asserts that in his practice it works admirably.

E. ANDREWS, M. D.

CHICAGO, Jan., 1862.

THE practice of salting the streets of New York, after every snow storm, to hasten the melting of the snow, is now forbidden by law. Great injury resulted from it to persons in the street, and also to horses, in consequence of exposure to the intense cold to the feet produced thereby.

Proceedings of Societies.

CHICAGO MEDICAL SOCIETY—REGULAR MEETING, JANUARY 24TH, 1862.

DISCUSSION ON THE NATURE AND TREATMENT OF CONSTIPATION.

The Society was called to order by the Vice President, Dr. WICKERSHAM. The reading of the minutes and the report of the Sanitary Committee, were deferred until the next meeting. Dr. HOLMES reported two cases, in which bad symptoms appeared from the inhalation of chloroform, but neither of them proved fatal. He also reported a case of extirpation of the eye-ball, on account of a protracted and very painful inflammation, resulting from mechanical injury to the eye. Dr. D. D. WAITE, who had been appointed to read a paper at this meeting, was granted another week of time.

The subject for discussion, namely, *Constipation and its Treatment*, was then taken up:—

Dr. G. PAOLI opened the discussion by stating that habitual constipation was a condition of the alimentary canal of frequent occurrence, and almost always difficult to relieve permanently. He regarded want of action in the muscular coat of the intestine as the essential cause of the constipation; and consequently, that active hydragogue cathartics, such as calomel, castor oil, salts, etc., were not only useless, but often positively injurious. He thought the proper remedies were such as would increase the contractility of the involuntary muscular structures, and thereby render more efficient the natural peristaltic motion of the intestines. His favorite remedy was strychnia dissolved in water, in the proportion of one grain to the ounce, of which he recommends from five to ten drops to be given twice a day.

Dr. HATCH stated that he had met with cases of habitual constipation in this city much less frequently, than in the com-

munity in which he formerly practiced in the State of Vermont. He had met with one species of constipation, frequently in children, and sometimes in adults, accompanied by profuse vomiting of a thin, acrid and sour fluid. It was often accompanied also, by soreness of the mouth. He had pretty uniformly succeeded in relieving this state of the alimentary canal, by dissolving 16 grs. of argenti nitras, and 24 grs. of iodide of potassa, in 4 oz. of water, and giving a teaspoonful after each meal until the vomiting ceased to recur. Then he substituted the use of a cold infusion of *hydrastis canadensis* until the regularity of the bowels was established. This same treatment he had found more effectual in relieving the *nursing sore mouth*, than any other that he had tried.

Dr. WAITE remarked that constipation was a relative term. That many persons passed more than 24 hours habitually without alvine evacuations, and yet appeared to be neither costive nor injured in health. He also alluded to those cases on record, of persons who had passed weeks and months without any intestinal discharges. As a general rule he would regard a patient as constipated, whose evacuations do not occur as often as once in two days. He thinks that in 19 cases out of 20, constipation arises from erroneous habits, refinements in cooking, etc.;—agrees with Liebig, that to ensure regular fœcal evacuations, the food must be such as to leave sufficient fœcal residue to stimulate the intestines to action. In the treatment of constipation he relies mostly upon the correction of errors in habits, diet, and quality of food, and rarely resorts to medicines. He advises patients to exercise actively, and to live largely upon vegetables and coarse bread, especially that made of unbolted flour. If medicine becomes absolutely necessary, he uses a pill composed of blue mass 2 grs., ipecac 2 grs., and aloes 1 gr., to be given every night until a healthy action is established; but never to produce a cathartic effect. He thinks aloes has a specific action on the rectum, and is consequently contra-indicated when hemorrhoids exist.

Dr. PETERSON thought constipation not a disease, but only a symptom. Hence we must always inquire after the cause,

and apply the remedies to its removal.—If caused by want of action in the muscular coat of the intestines, he would use strychnine or small doses of rhubarb root at bed time. He thinks habitual constipation less frequent here than in Europe.

Dr. HINKLEY, being present as a visitor, remarked that he was in the habit of giving black mustard-seed in doses of a teaspoonful daily, with very satisfactory results. He thinks hemorrhoids exist in a large proportion of the cases of constipation.

Dr. DAVIS, stated that he regarded habitual constipation as a symptom, in the same sense as dropsy or dyspnoea. He regarded the cases occurring in practice as capable of being grouped into three classes, viz: those arising from deficient contractility in the muscular coat of the intestines—those arising from deficient secretory action in the follicles and glands of the intestinal mucous membrane—and those induced by deficient secretion from the liver. The first may be produced by any and all those causes that debilitate the nervous and muscular structures, such as sedentary habits; confined and impure air; insufficient supply of air from confinement of the chest, by bad modes of dress; refusal to attend to the calls for defecation when they exist, etc. The second may arise from any of those causes that are capable of diminishing secretory action, and often exists in connection with the first. The third may arise from any pathological state which prevents the bile from passing into the duodenum. Absence of bile, by no means always induces constipation, but such is generally the result. Of course, in treating constipation, due attention should be given to a removal of all such causes as may have contributed to produce it. The patient should practice going to stool at a given time each day; all errors in dress, diet, and exercise should be corrected. Among the best remedies to restore a healthy peristaltic action, he thinks is the following combination:—

R—Extract. Hyoscyamus,	-	grs. xxx.
Sulph. Ferri,	- - -	grs. xxx.
Pulv. Aloe,	- - -	grs. x.
Extract. Nux Vom.,	-	grs. x.

Mix and divide into 30 pills—one of which may be given before each meal. In the constipation of chlorotic females and anæmic persons generally, he advises the following:—

R—Citrate of Iron, - - - - 3j.

Strychnine, - - - - - grj.

Mix and divide into 30 pills—one of which is to be taken before each meal.

When the constipation arises principally from want of proper secretory action, he has used with much advantage, before each meal, small doses of a solution of sulphate of magnesia acidulated with aromatic sulphuric acid.

Some further remarks were made by Drs. PETERSON, WAITE, and others.

Dr. W. H. BYFORD was appointed to read a paper at the meeting, two weeks from this date.

Hydrocephalus, was chosen as the subject of discussion for the next meeting—and Drs. WAITE and PETERSON to lead the discussion.

Selections.

PER-CHLORIDE OF IRON IN ERYSIPELAS.

Reprinted from *American Journal of Medical Sciences*.

The No. of the *Edinb. Med. Jour.* for July last, contains some interesting remarks by Dr. WM. PIRRIE, Jr., on Erysipelas and its treatment by per-chloride of iron. "As the exact nature of the poison of erysipelas," he observes, "is unknown, we are not in possession of any remedy having the virtues of an antidote. Neither can any single plan of treatment, yet devised, be recommended as equally applicable to all cases, inasmuch as the features of many greatly differ, owing perhaps to the particular diathesis of the subject, or to his state of general health, and the circumstances he was placed in at the time of seizure, or to the peculiar type of the prevailing epidemic. That the last-named circumstance requires

to be carefully weighed in every instance, will at once be readily granted; for one visit to the majority of the cases of erysipelas of the head and face, as now met with, will at once convince us that they are altogether unsuited for the blood-letting and other powerful antiphlogistic remedies which seem to have been so beneficial, according to the records of bygone observers.

On the other hand, that the excessive stimulation so strongly advocated by some, for every case of the disease in question, is not an indispensable remedial agency for successful treatment in most instances, may, I humbly think, be reasonably inferred from the multitudes of recoveries which have taken place under a more moderate use of stimulants.

The conviction that erysipelas generally tends to a spontaneous recovery is by no means incompatible with holding the belief, that much may be done by suitable treatment to check the intensity of the disease, to alleviate or remove many of its most distressing symptoms, to maintain the vital powers, to moderate inflammatory action, and to assist the natural efforts at cure, and thus more surely conduct the disease to a favorable termination. Examples of the disease often occur, which from the first present a very unfavorable aspect, yet issue in recovery. Such recovery we may justly ascribe to the line of treatment pursued. It is, therefore, the duty of every one to place on record any plan of treatment which he thinks has been attended with success, and allow it to get a fair trial in the hands of others; to state fairly the effects which appeared to him to follow the employment of any particular remedy, in what respects it modified the intensity of the disease, and what symptoms it alleviated or controlled; without trying to deny that much is done for recovery in this disorder by the spontaneous operations of nature. It has always appeared to me, that in a careful study of this, as well as other diseases, we discover certain landmarks or beacons, as it were, to guide us to the adoption of a scientific and rational method of treatment. We find, for example, that the disease cannot be cut short by any known agency, that it must run a definite course, that it early produces a most depressing effect on the system, that there are symptoms more particularly distressing than others to the sufferer, and that in due time nature employs a machinery of her own for the removal of the noxious matter from the system.

The great indications of treatment then, suggested by a consideration of these points, are—to uphold the powers of the system, to ameliorate or control the most distressing symp-

toms, to obviate the tendency to death, and to assist, if possible, the natural efforts at cure.

The first indication is to be fulfilled by removing as speedily as possible any existing internal sources of irritation, by correcting any hepatic or alvine disorder, by rigidly enforcing thorough ventilation, with due regard to the maintenance of an equable temperature and guarding against exposure to currents, and by giving some medicine or remedies capable of imparting tone to the system and of upholding the vital powers. A marked feature of the disease, as already mentioned, is early depression of the various parts of the organism—the energy of the nervous system becoming rapidly exhausted—the vigor of the muscular system being speedily impaired—the tone of the vascular system lowered—the capillaries relaxed, and serous effusions quickly ensuing. I was induced, by the high terms in which many have written in favor of the muriated tincture of iron, recommended by Dr. Hamilton Bell, for the treatment of erysipelas, to try what effect the per-chloride of iron might have on the disease. Having given it a fair trial in five successive cases, I will simply state the effects which I observed to follow, in the hope that others may give it a trial, and thus an opportunity be obtained of comparing the effects produced in different cases, and the means be acquired of arriving at some definite understanding as to its value in the generality of cases. In all the cases in which I used it, a decidedly beneficial effect seemed to be produced. The febrile condition seemed in all to be relieved, the frequency of the pulse reduced, the powers of the system generally upheld, and the stomach and bowels in no way irritated. Two circumstances I would particularly notice with regard to the per-chloride in the cases in which I tried it. One, which I carefully noticed was, that its use seemed in no way to be contraindicated by headache and sensorial disturbance; instead of increasing, it seemed to diminish these unpromising symptoms. The other circumstance to which I would particularly direct attention is, that in the above cases the serous effusion was, throughout the entire course of the disease, less copious, and also disappeared much more quickly, than in the generality of equally grave examples which I had previously seen.

Two persons, who had a very severe attack, stated to me spontaneously, without my directing their attention in any way to the subject, that they very speedily felt a most decided general benefit from its use; and the others, on inquiry, said they 'felt it keep down the fever' and speedily diminish the 'tightness' of their faces.

The taste of the per-chloride is to some very unpleasant, but it may be quickly removed by thoroughly washing out the mouth with water immediately after taking the solution. Special attention ought to be paid during its employment, to act on the bowels from time to time by some very mild laxative. What its specific mode of action is, I do not pretend exactly to know. Perhaps it may act beneficially, in virtue of powerful tonic properties, or its therapeutic value may reside in some peculiar influence it exerts on the blood, in consequence of its powerful disinfectant properties, or in its imparting tone to the capillary system, and counteracting the general relaxation of the capillary vessels. In the cases in which I used the medicine, I ordered it to be taken in quantities varying from fifteen to twenty drops every two and a half or three hours, according to the peculiarities of each case. This was persevered with till convalescence was fairly established, after which the iron was greatly reduced, and drachm and a half, or two drachm doses of liquor ammoniæ acetatis ordered to be taken three or four times a day at proper intervals. The liquor ammoniæ acetatis acts very beneficially in the convalescent stage, by being a very gentle stimulant to the nervous and vascular systems, a mild diaphoretic, and an unirritating diuretic; and thus, by gently stimulating the functions of the skin and kidneys, it fulfils the last-named indication of treatment. In the course of any attack of erysipelas, just as in all fevers, the lowering effect of the disease may become so great, and the tendency to death, from failure of the vital powers, so strongly marked, as imperatively to call for the use of powerful stimulants. The employment of these agents, in this and in all diseases, to be beneficial, requires the greatest prudence and judgment in their selection and apportionment, and the most careful watching of the effects they produce. The exact form of stimulant, whether wine, brandy, or other spirit, must be determined by the particular situation of each individual case, and the previous habits of the patient.

The delirium and coma, which so often accompany erysipelas, are, according to general consent, the result of diminution or arrest of the cerebral energy, caused by mal-nutrition of the brain substance, and to be treated most successfully by the cautious use of stimulants. Cases, however, may occur in which some of the symptoms of genuine phrenitis appear, and then it might be judicious to employ some form of local depletion,

The bronchitis attacks are to be treated by mustard cata-

plasms, blisters, or turpentine stupes to the chest; but the two latter I have once or twice seen irritate the renal organs very much in this disease. Should the attack supervene when the system is very low, stimulants must be given; but if during the period of convalescence, some simple stimulating expectorant, in addition to the counter-irritation, generally suffices for cure. If symptoms of œdematous effusion into the sub-mucous tissue of the glottis and epiglottis arise, the speedy performance of tracheotomy affords almost the only chance of saving life. Of all local applications, perhaps the most serviceable and least objectionable, under all states of the skin, are flannels wrung out of hot water. This application, no doubt, is open to the objection of requiring almost constant attention, and of occasioning considerable trouble for its proper employment; but its advantages in many respects over unguents, dry powders, or other appliances, more than compensate for these slight drawbacks. When proper precautions are taken to maintain a uniform heat, by frequent renewal of the flannels, the application possesses the great advantages of being cleanly, generally agreeable to the feelings of the sufferer, unirritating to the skin, calculated to prevent any repression of the external inflammation, and not forming, as unguents and powders do, with any exudation which may have taken place, the scabs and crusts which become sources of great local irritation, and general discomfort to the invalid.

PYÆMIA AND HOSPITAL GANGRENE.

By Prof. JUNGKEN, of Berlin.

Reprinted from *Med. Times and Gazette*.

These diseases are more easily prevented than cured. For prevention, it is necessary that the most scrupulous cleanliness should be rigorously carried out in the treatment of the wounded, and, where many patients with ulcerations are congregated in rooms, thorough ventilation should be attended to. Where the surgeon has the choice, he should object to the reception of a large number of wounded persons in one common ward, as this is only too often the cause of pyæmia and hospital gangrene. Where there are no other contrivances for ventilation, the doors and windows should be opened, even if the patients complain of cold. The patients should also be frequently bathed. If the wounds are severe and the suppuration considerable, the perpetual bath is very useful for pre-

venting these diseases; but the water should be often changed so that it does not become impregnated with the pus. Local baths, where they can be had, are also very useful; otherwise, a half or a whole bath ought to be given. Concerning local baths, Prof. Jungken condemns such tubs as are furnished with caoutchouc rings, through which the limbs are put, as, in order to prevent the water from flowing out of the tub, the caoutchouc ring must fit the limb so closely that the veins thereby become compressed, and thus a free circulation is impeded and mortification induced. If the bath is to be useful to the patient, the limb must rest in the water quite free and without any troublesome pressure. Fumigations with chlorine or vinegar are only feeble palliative means, which may be applied where no fresh and pure air is to be had. If fumigations must be made, those recommended by Guyton with chlorine are preferable to those with vinegar; but they never purify the air of sick-rooms so thoroughly as is done by fresh air, and in many patients they produce troublesome symptoms on the part of the respiratory organs.

As wars are generally undertaken in the warm, fine seasons, these being favorable to the movements of large armies, it is just at this season that great numbers of wounded have to be treated. The locality of great battles being dependent upon accidents which cannot be foreseen, the surgeon generally finds himself under the necessity to provide accommodation for the wounded in rooms not at all suitable for the purpose. In order, therefore, to prevent pyæmia and hospital gangrene under such circumstance, the surgeon ought to prescribe the air-bath, that is, to order the wounded to be placed in the open air under linen tents.

Delpech, the great French surgeon, did not recommend the air-bath so strongly as Brugmanns, who was the first to employ it; but he erred in employing the air-bath alone, without other remedies, for the cure of hospital gangrene. According to Professor Jungken, there is no specific remedy for this obstinate and dangerous affection, which could, exclusive of all others, effect a complete cure. Not even the actual cautery is able to do this, although it is the most powerful of all remedies offered to us for combating this affection; but even if we cauterize a gangrenous wound as deeply as possible, and the patient is still left in a contaminated atmosphere, the ulcer will again present a gangrenous aspect as soon as the eschar has come away.

The air-bath is just as important in pyæmia as it is in hospital gangrene, especially if it is possible to place the patient

under trees in full leaf, the exhalations of which are known to have a beneficial effect. In many desperate cases of pyæmia and nosocomial gangrene, where every means had been employed in vain, and the patients seemed past hope, an immediate change for the better was perceived after Prof. Jungken had ordered them to be taken out of the surgical wards of the Charité Hospital, into the gardens adjoining this institution, where they were placed on a simple couch, covered with a blanket, and left in the open air for the rest of the day. Other remedies which had until then been employed in vain now took effect, and the Professor thus succeeded in saving wounded persons who must otherwise have certainly perished.

Professor Jungken found a striking confirmation of these views during the revolution in Dresden, when many a sanguinary struggle took place between the insurgents and the soldiers. Many of those wounded on this occasion were brought into the palace belonging to Count Marcolini, in which the saloons are furnished with very large windows, reaching to the bottom, and which looked upon a beautiful garden filled with splendid old lime-trees. Whenever the weather permitted, those most dangerously wounded were carried on their beds into the garden, and spent the whole day under the trees. The results were strikingly favorable. It is, after all, better that the patient should shiver a little in a cold but pure air, than that he should die in a warm but poisoned atmosphere.

It is also of great importance to prevent any intercourse between those affected with hospital gangrene and others. The bandages and instruments which have been employed for gangrenous wounds ought not, if possible, to be employed a second time, as the severity of the sufferings is thereby increased in those already affected, and others may receive the contagion in this way. Bandages, linen, or clothing, etc., should not be kept in rooms where patients so infected lie, neither should lint, etc., be prepared there. A frequent change of the bedding, blankets and linen of such patients is also of the greatest utility.

Among the large number of local remedies which have from time to time been recommended for hospital gangrene, the more effective are per-chloride of iron, the acidum pyrolignosum, chloride of lime, hydrochloric acid, carbon powder with chloride of zinc, myrrh and camphor (*R. Carb. lign. pulv. ʒj; myrrh ʒj; camph. ras. ʒss.; zinc. chlo. grs. v. in f. pulv.*), and chloride of zinc in solution. Of all the other remedies little or nothing is to be expected. But the medicines just mentioned have not the same effect at all times. There are

periods in which chloride of lime is particularly effective, and when no other remedial agents will answer the purpose; at other periods chloride of lime entirely fails, and carbon powder or acidum-pyro-lignosum produce good results, so that it is probable that, in spite of the similarity and even apparent identity of symptoms observed, there must be some peculiar differences in the several epidemics of hospital gangrene, which are at present only to be recognized by the success and failure of certain remedies.

There is only one remedy for this terrible disease, which never fails the surgeon, provided it is properly used, and that the other circumstances, such as light, air, etc., are favorable: this is the actual cautery, which has of late been unjustifiably neglected, but is believed by Prof. Jungken to be the only certain and reliable means for destroying the peculiar and dangerous contagion of hospital gangrene. To neglect the actual cautery under such circumstances, is not only to do harm to the infected patients, but also to those not yet attacked, as the contagion will then no doubt spread further, and become more dangerous. The surgeon ought to be the readier to employ the actual cautery, as the patient may be put under the influence of chloroform, and thus be spared much suffering during the operation. To render this effective, the iron must be brought to white incandescence, in order that the most intense heat may be applied to the gangrenous surface; otherwise the operation is useless. It must also be applied at an early period—if possible, at the commencement of the epidemic—in order to destroy the evil in the germ. If, however, the gangrene has become strongly developed, the whole surface of the wound must, previous to the canterization, be laid bare, sinuosities and canals must be carefully divided, larger mortified parts must be removed by means of the scissors or the knife, the surface must be cleaned of all detritus, and dried by lint or sponges, so that the cautery may act upon a clean and dry surface. It must be applied especially to the edges of the ulcer, and beyond the diseased parts, in order to produce plastic re-action. Afterwards the patient must not remain in the room in which he was before; but he ought to be transferred either into the open air or in a single room, where doors and windows are open by night and day; and the bed ought to stand as close as possible to the window, even during the night, and whether the season be rough or not. The elimination of the eschars ought to be left to nature, and should not be promoted by warm fomentations or cataplasms, which relax the parts and thus favor relapses. The eschars will then come

off a little later, but we have, on the other hand, the advantage of a strong re-action, a better suppuration and formation of granulations. Gentle irritants should afterwards be applied to the surface of the ulcer.

The local applications ought to be accompanied with a suitable dietetic and pharmaceutical treatment. The strength of the patient must be kept up, and no mercury be given, the bowels being kept open by mild aperients. By strictly adhering to these rules, Prof. Jungken has for a number of years succeeded in keeping the surgical wards of the Charitè Hospital, which were formerly a hot-bed of hospital gangrene, free from this terrible scourge.

UTERINE HÆMATOCELE.

Reprinted from WEST on the *Diseases of Women*.

Within the past few years attention has been directed, chiefly by French writers, to cases in which *tumors have been formed* in the immediate vicinity of the uterus *by the effusion of blood* either into the cellular tissue around the womb, or into the peritoneal cavity in the *cul-de-sac* between the uterus and rectum. In both instances the hemorrhage is generally associated with some previous disorder of the menstrual function, often with its temporary suppression; the congestion of the sexual organs relieving itself by a profuse outpouring of blood, for which effusions the name of *uterine*, *retro-uterine*, or *peré-uterine hæmatocele* has been proposed.

When the hemorrhage takes place into the peritoneal cavity, its source has probably in the first instance been the lining membrane of the uterus itself and the Fallopian tubes, whence escaping at their fimbriated extremities it collects in the *cul-de-sac* behind the uterus. In one post-mortem examination this process was seen in actual course of occurrence, both tubes being distended with blood, and a partially decolorized coagulum hanging from the extremity of one of them. The blood thus poured out speedily excites inflammation, and adhesions forming between the adjacent coils of intestines shut it out from the cavity of the abdomen. It here undergoes within the artificial cyst that encloses it, the same changes as are incidental to sanguineous effusions elsewhere. Sometimes the blood is altogether removed by absorption, and adhesions between the uterus and adjacent viscera remain the

only evidence of the bygone mischief. At other times an aperture of communication forms with the rectum, or more rarely with the vagina, and the decomposed blood is expelled, the patient either altogether recovering, or the sac remaining a pus-secreting surface, and pelvic abscess succeeding to the hæmatocele, as in a case which came under my own observation. In cases which have a fatal issue this is due either to the recurrence of hemorrhage exhausting the patient, or more commonly to the irritation extending beyond its original seat, and at length involving the whole of the peritoneum in a general inflammation. In two out of eight post-mortem examinations of which I have found a record, the hemorrhage seemed to have been furnished entirely from the uterus and Fallopian tubes; in one the vessels of the ovaries had given way under a more than usually intense congestion of those organs. In one it appeared to have had a two-fold source, being derived in part from the tubes, in part from the vessels of the broad ligament, into the tissues of which blood was effused. In two of the remaining four cases the blood was poured out behind the uterus but beneath the peritoneum; in one beneath the peritoneum in the iliac fossa, and in the fourth between the folds of the broad ligament.

We learn, then, from these observations the existence of a previously unknown hazard attendant on disorders of the sexual system in women: that not merely may intense congestion lead to profuse and dangerous floodings, or functional disturbance issue in inflammation of parts in the vicinity of the uterus, but also that vessels may give way, and hemorrhage take place inwardly, in situations where it is hard to discover, and still harder to suppress. As might be expected, the accident is one which takes place only during the period of sexual vigor, it having occurred in 21 women at the following ages:—

	Under 20	in	2
Between 20 and 25	"	"	2
" 25 "	30	"	7
" 30 "	35	"	5
" 35 "	40	"	4
At 40	"	"	1
<hr/>			
21			

Of the above 21 patients 15 were married, 3 were single, and the civil state of the other 3 is not mentioned.

The affection has scarcely been observed often enough or with sufficient minuteness to allow of its features being

sketched with complete exactness, though in all the cases of it there is a sort of general family likeness which I think would enable the attentive observer usually to recognize it, or which at least would arouse his suspicions as to its possible character. Of the four cases that came under my own notice, one was that of an unmarried woman, aged twenty-two, who having long suffered from attacks of pain of a paroxysmal character in the left iliac region, was surprised at the age of nineteen by a profuse discharge of a dirty reddish brown color from the vagina, which continued in varying quantity for many weeks, and was then succeeded by a puriform discharge occurring in gushes, which continued down to the time of her coming under my care. A tumor in the iliac region, and another felt behind the uterus fixing that organ in its place, were the evidences of some bygone inflammation; of an old pelvic abscess in short, the origin of which, in an effusion of blood was rather inferred from the patient's previous history than actually demonstrated. Puncture of the abscess and the injection of a solution of iodine into its cavity were followed by its complete cure. In the other cases the accident was of recent occurrence, and its symptoms were sufficiently characteristic to remove all doubts as to its nature. The patients were married women of the respective ages of 33, 24 and 25 years. In the first, exertion on the second day after miscarriage at the sixth week was followed by great increase of the sanguineous discharge, which continued for twelve weeks. At the end of this time a vaginal examination detected a tumor behind the uterus of the size of an apple. On being punctured it gave issue to a reddish-brown discharge, the continuance of which for three weeks was followed by the complete disappearance of the swelling. In the second patient, who for five years had lived in sterile marriage, the symptoms gradually developed themselves during the persistence for two months of a discharge, supposed to be menstrual. Here, too, a tumor behind the womb gave issue, when punctured, to a black offensive discharge, which evidently consisted of decomposed blood, and the patient having surmounted an attack of peritonitis perfectly recovered. The third case so well illustrates the symptoms and the dangers of the affection, that it seems to me deserving of relation somewhat in detail.

A tall, stout, and tolerably healthy-looking woman, twenty-five years old, who had been married for seven years, had been pregnant four times, and had given birth to three living children, of whom the youngest was twelve months old, was admitted into St. Bartholomew's Hospital on February 22d,

1851. Her general health had been good, her labors had been natural, and after all of them she had menstruated regularly during the whole period of lactation. After her third labor matters went on as usual until Christmas, when she menstruated naturally, but ever since that time a sanguineous discharge, neither very profuse nor intermingled with coagula, had been constantly present. For a month she had had pain of a bearing-down character, aggravated by exertion, but not notably relieved by rest, nor by any particular position; and she had also for the same time suffered from occasional fainting fits. Micturition was frequent and painful, and her urine was reported to be both scanty and high-colored. A medical man whom she had consulted told her that "her womb was down."

The abdomen was large and somewhat tense, its enlargement being due to the presence of a tumor, the surface of which was slightly uneven, occupying the whole of the left side, extending three inches above the umbilicus, reaching about three inches across the mesial line, though gradually sloping downwards, so that on the right side its upper margin was an inch and a half below the umbilicus. The tumor was firm, non-fluctuating, very tender to the touch, especially in the left iliac region.

The finger on being introduced into the vagina came almost immediately on a somewhat firm, elastic tumor, of an oval shape, of about the thickness of the wrist, and which had pushed before it the posterior vaginal wall. This tumor seemed to pass over into the substance of the uterus, about half an inch behind its orifice, the whole organ being so misplaced that the os uteri was felt lying horizontally immediately behind the symphysis pubis. The finger passed up in the front and right side of the pelvis without encountering any resistance; but at the left side and posterior part of the pelvis a firm tumor was felt apparently continuous with that immediately behind the uterus. The vessels of the tumor pulsated very forcibly.

About three ounces of a bloody fluid were drawn off on the tumor being punctured with a grooved needle through the vagina. The microscope discovered nothing but blood-corpuscles in the fluid, and with the view of emptying the tumor if possible, and of thereby relieving the painful pressure on the rectum, which occasioned much distress, a Pouteau's trocar and canula were introduced, but only about four ounces of fluid of the same character as before were let out. The

tumor was not much thereby diminished in size, nor was the patient's discomfort much alleviated. On February 27th, no fresh interference having been resorted to, she was seized with peritonitis, during the course of which there was manifest increase of the tumor, which extended more towards the right side of her abdomen. By the 3d of March all active symptoms were subdued, and on that day the patient passed two copious evacuations, which were perfectly black, and apparently consisted entirely of altered blood. The same afternoon, too, she experienced a sensation as of something giving way internally, and this was immediately followed by an abundant gush, from the vagina, of very fetid fluid, resembling coffee-grounds in appearance. This fluid flowed at first very abundantly, afterwards more scantily till morning, when it ceased, though another gush of it took place on the following day, and afterwards recurred occasionally for several days, acquiring by degrees a lighter color, and becoming at last a dirty sero-purulent matter. Very slowly the patient's general health improved, while at the same time her abdomen diminished in size, and having measured forty-six inches on her admission had shrunk to forty inches on March 25th. The tumor in the left hypogastric region at the same time manifestly diminished in size and became more mesial in its position; and on April 5th the uterus had nearly regained its natural situation; there was no longer any distinct tumor behind it, but a hard, semi-cartilaginous thickening, ill-defined as to its extent and relations. On April 17th all discharge from the vagina finally ceased, and on May 5th all trace of abdominal tumor has completely disappeared, the position of the uterus was quite natural, the thickening behind it was much lessened. A year afterwards I again saw the woman; she was in perfect health, menstruating regularly; there was no trace of abdominal tumor, the uterus was perfectly movable, and there was scarcely any thickening to be felt behind it, or to its left side.

In its main features this case corresponds very closely with the description of uterine hæmatocele given by M. Nélaton and others. Though some form of the disorder of the menstrual flux usually precedes the attack, the suppression of the discharge does not seem to be so constant as might, on theoretical grounds, have been anticipated; for sometimes irregularity has been observed both in its return and in the quantity of blood lost; at other times actual menorrhagia, and at others again a flow of blood, not alarming in its quantity, but at

length causing anxiety by its continuance.* In most cases, too, even though the menses had been previously suppressed, a somewhat profuse flow of blood, sometimes for a few days, sometimes for a few weeks, precedes the actual occurrence of the internal hemorrhage; but the development of the acute symptoms generally follows a temporary diminution or cessation of the sanguineous discharge. The acute symptoms scarcely ever appear till after the sanguineous discharge has either ceased completely, or has become much diminished in quantity. The symptoms are those of general febrile disturbance, seldom, however, very severe, accompanied by abdominal pain, and usually by enlargement of the abdomen. Even of their own accord, these febrile symptoms usually subside, and the pain also diminishes; a sense of weight in the pelvis, bearing down, difficult micturition, and still more difficult defecation remaining behind, and leading by the distress which they occasion to a vaginal examination, and to the discovery of the pelvic tumor.

When matters have reached this stage, the subsequent progress of the case seems to depend on circumstances. Puncture of the tumor may be followed by the complete evacuation of its contents, and the rapid recovery of the patient; or an expectant mode of treatment may be succeeded by the slow absorption of the blood, and by gradual convalescence. But events may follow a different course, and one far less auspicious: peritonitis may come on as the result perhaps of some fresh effusion of blood, or in the course of nature's efforts to eliminate it; and this peritonitis occurring in a patient already weakened by the hemorrhages may prove fatal. Or, after more or less suffering, the blood may find a passage by the bowel, or by the vagina, or as in the case just related, by both at once; and with its discharge the swelling may disappear, and the patient eventually regain perfect health; her whole illness having extended over a period of from two months to six or seven.

(To be Continued.)

INFANT MORTALITY IN IRELAND.—Despite legislative enactments favoring the poorer classes, notwithstanding the absence of famine or pestilence, the population of Ireland has decreased by 787,842 souls, which amounts to a proportion of 12.02 per cent. in the decade of years.—*Lancet*.

* In 18 out of 26 cases, suppression of the menses, or the irregularity of their return, which was postponed beyond its proper time, preceded the development of the symptoms of the effusion; in 6, on the contrary, there was menorrhagia, or a constant sanguineous flow, and in one instance abortion was followed for two months by constant, though not profuse hemorrhage. In six of the cases, or in rather less than a fourth, pain preceded the acute symptoms, but neither suppression of the menses nor any other form of menstrual disorder.

NATURE IN THE CURE OF DISEASE.

Reprinted from the *Boston Med. and Surgical Journal*.

The fashion, that is somewhat prevalent at the present time, of decrying the use of drugs in the treatment of disease, and which arises partly from a skepticism characteristic of our days, and probably in some degree from a species of indolence which readily finds an excuse for getting rid of a study, to many an unwelcome task, is well commented upon in the following extract from an article in a recent number of the *London Medical Times and Gazette*, which we would commend to our readers as containing much sound sense:—

“Another insidious and plausible mode of discountenancing the use of drugs is to represent them as ‘unnatural,’ and to speak of ‘Nature and Art in the cure of disease,’ as if there were some antagonism between them, and as if the use of drugs were artificial, and, if so, reprehensible.

“Just as one portion of popular error arises from ignorance of facts, so does another and more inveterate set of errors arise from confusion in the use of words. ‘Nature,’ for example, is a word that is incessantly quoted. It is ‘natural,’ we are told, to wear the beard; ‘natural’ to drink when thirsty; ‘natural’ for mothers to suckle their infants; and, as the authors of twopenny treatises, and lecturers on diet never fail to tell us, it is ‘natural’ to eat brown bread. Popular books on medicine are rich in this sort of practical joke, if we may call anything a joke that destroys human life, for we hold that bad logic destroys more lives than gunpowder. For example: one of the popular books on medicine which we reviewed lately (and by no means the worst of them) contained a story such as this:—‘A monthly nurse once asked me, if she should give some gruel to a newly-born infant. I replied, “Now don’t you think, nurse, that if *Nature had intended* it to have gruel, the child would have been born with a bottle of gruel round its neck?”’ This poor woman was vanquished by this precious piece of argument; yet she might fairly have asked, in return, had *Nature* intended the cord to be divided; had she meant the child to be washed and dressed, and whether scissors, thread, hot water, soap, sponge, violet-powder, and cambric chemisettes might not have been objected to on the ground of unnaturalness, quite as much as gruel. The fact is, that the word *Nature* is used to signify at least two independent ideas. One is that brute, naked state in which any given thing happens to be found without interference or improvement by the hand of man: *state of Nature* as it is

called. The other meaning includes the whole faculties and capabilities, including the circumstances favorable to full and luxuriant growth and development. Thus, man in a state of Nature (to use the word in one sense) is a filthy, stinking, verminous savage, thoroughly selfish and utterly deficient in those finer feelings of love for parents and children which we, educated under the influence of Christianity, are wont to call 'natural affections.' But the nature of man (to use the word in the other sense), includes the possession of conscience and reason, which teach him to check mere brutal instincts, and prompt him to explore, subdue and utilize all the objects he meets with, and to employ them in such a way as to produce for himself the greatest amount of beauty, comfort, health and strength. Hence to denounce or sneer at, as *unnatural*, the use of drugs, which man's instincts prompt him to seek, and his intellect enables him to find, is a monstrous and most mischievous perversity. But so it is. A patient in a well-built house, in a comfortable bed, fed with food and clothed with textures from all the quarters of the globe, and dependent for his comforts, and even his life, on the accumulated products of centuries of human art, is supposed to be treated *naturally* if he takes no medicine: the case is 'left to Nature;' but if any of those beneficent means be used which have also been slowly gathered together during the progress of human civilization—leeches, for example, to take a little blood where it is superfluous; anodynes to procure sleep, or aperients to empty the bowels—forsooth this is *unnatural* and *artificial*! and therefore suspicious, if not positively wrong.

"Let us say, emphatically, to administer drugs out of mere routine is contemptible. To give unnecessary medicines for the sake of adding to professional profit is degrading. The rash and blindfold heroic practice of giving active remedies in all cases (whether bleeding or brandy), is dangerous. To neglect air, food and regimen, is to let half our weapons lie idle. But we do desire most earnestly to vindicate and uphold the rational and temperate use of those drugs which are employed in ordinary practice; because they can produce effects quickly, which cannot be obtained quickly from rest, diet, or other appliances, and because human suffering may be enormously mitigated by them. Whilst we get rid of the old apothecary traditions, let us avoid that half-indolent, half-skeptical spirit that would rob us of some of our most valuable instruments, and encourage the public in prejudices that have been but too successfully instilled by our adversaries. Let us study the practical art of healing, and the uses of drugs especially, for, in the words of the author of Ecclesiasticus, 'He that is wise will not despise them.'"

A NEW METHOD OF TREATING DRY LABORS.

(To the Editor of the *American Medical Times*.)

SIR:—I am induced to offer the following consideration to the profession, on account of the success attending the practice, as well as the favorable opinion of some of the leading members in the profession in your city, with whom I have conversed on the subject. They have very kindly urged me to communicate my *simple and practical method of preparing pregnant females for the operation of turning the fœtus in utero*, in the highly annoying and dangerous cases of dry birth, with irritation, great sensibility and contraction of the uterus over the fœtus, in shoulder or other mal-presentations.

It will be admitted by those who have had a full share of experience in the treatment of difficult labors, that on many occasions we have to *encounter the greatest difficulty in effecting the introduction of the hand into the uterus to the required distance for reaching the feet*, for the performance of the operation of turning. Churchill, in his chapter on podalic version, corroborates this statement:—"On the other hand its disadvantages are not to be overlooked. From the *distance the head has to traverse, and the difficulty of seizing the feet*, and of turning the child in utero, there must ever be a fearful risk of injury to the mother." Upon an inspection of the tabular views given by Lee, we find that out of seventy-one cases of shoulder presentations, in which turning by the feet was resorted to, "seven women died from *rupture*, and three from *inflammation* of the uterus." "*Laceration and inflammation* of the uterus are, therefore, the consequences chiefly to be dreaded."

The *reaching of the feet* is usually deemed a difficult step in the operation, owing to the *contraction* of the uterus over the fœtus, while the *irritability and dryness* of this organ impede and endanger the act of turning itself. To mitigate the perilous consequences of the just-named artificial interference, I have adopted the following plan, viz: Previous to turning, I place the patient on her back, side, or on her elbows and knees, as the case suggests, the better to enable me to introduce into the os tincæ two or three fingers to reach the child; with these I endeavor to carry between the head and shoulder of the fœtus, if it is a shoulder presentation, (or near any other convenient part, according to the mal-position), a large

elastic catheter, whose orifice and pointed end is filled to the length of one inch with clean lard, which is kept at a low temperature; the mouth-piece of the catheter being attached to an elastic tubing connected with a stop-cock, and an elastic Davidson, or other forcing pump. Before connecting the catheter with the pump, I fill the catheter with sweet oil, at blood temperature, and lock the cock to keep the air out. I endeavored now to introduce the catheter, as heretofore remarked, as high up as practicable, into the cavity of the uterus; better, if feasible, between the ovum and the inner walls of the uterus, but *always opposite to the attachment of the placenta*. Having reached with the point of the catheter the required height, I connect the catheter with the pump, filled with oil at the above-mentioned temperature, the free end of the pump being immersed in a vessel containing oil kept at the same temperature. Now I inject with a small degree of force, in the interval of pains, from one pint to a quart or more of oil. Between the injections I direct the patient to change her position from back to side, or elbow and knees, or vice versa, even to sitting or walking. On one occasion, where I could not procure oil, I used the white of eggs. From this simple operation, I have noticed the most pleasant results, namely: I have seen patients who were for twenty-four and more hours in intense suffering, in a comparatively short time calming down, with contractions of the uterus less annoying, the uterus becoming more pliable to the introduction of the hand, for the operation of turning. Now there was no great difficulty experienced, and the employment of force was not required. Nay, I succeeded, even after such a preparation, in changing a mal-position into a normal position, by the combined method of internal and external manipulation, *without introducing the hand into the cavity of the uterus*.

Cases of some interest, in connection with this mode of preparing for turning, I shall report in my fasciculus on operative and therapeutic midwifery. The patients so treated had less symptoms of nervous shock, and showed far less the consequences of the dreaded operation, consequently the recovery was more speedy. Possibly a more extensive trial by other surgeons of this mode of preparing the patients for turning, may confirm my experience so far in the treatment of these annoying and obstinate cases, the result of which I would thankfully receive from any gentleman who would inform me.

Yours, etc., J. LANGER, M. D.

DAVENPORT, IOWA.

Book Notices.

THE PLACENTA, THE ORGANIC NERVOUS SYSTEM, THE BLOOD, THE OXYGEN, AND THE ANIMAL NERVOUS SYSTEM, PHYSIOLOGICALLY EXAMINED. — By JOHN O'REILLY, M. D., Licentiate and Fellow of the Royal College of Surgeons in Ireland, Resident Fellow of the New York Academy of Medicine, etc., etc. New York: S. S. & W. Wood, 389 Broadway. 1861.

The several papers, of which this volume is composed, have been, heretofore, noticed in our pages, and have attracted a considerable share of the attention of the profession; not less from their unique literary composition and arrangement, than from the intrinsic merit and originality of the views therein presented. The subjects treated of, possess an absorbing interest and importance to the physiologist; and, although the propositions Dr. O'REILLY offers, are startling in their novelty and boldness, he has presented such an array of facts and authorities, has evidently expended so vast an amount of research and thought, that they claim more than consideration,—investigation; and the student in this domain, cannot but thank him for the many interesting paths he has pioneered for further exploration. Every page is replete with some new view, some unlooked-for grouping of recondite and apposite facts; and these analogies, so novel and yet so correct, in most cases, furnish him with the most interesting and,—if true,—the most momentous deductions and inferences.

E. g.; the placenta, he compares to the liver in its anatomical organization and function,—the hepatic arteries in this, being analogous to the maternal uterine in that; the vena porta to the hypogastric artery of the fœtus; the hepatic veins to the branches of the umbilical veins, and the gall-ducts to the uterine veins. This analogy is made more complete by tracing a correspondence in the contents of these vessels, in their nerve-supply, and in their anatomical organization and office. By a series of such premises and comparisons, he arrives at the proposition: That the blood is arterialized by the combined influence of the organic nerves derived from

the mother and fœtus, in the placental lobule or gland;—in the same manner that the nerves supplying other glandular bodies affect the blood in such glands, as shown by M. Bernard.

We have not space for a review, *in extenso*, of the remaining sections, and less than this would do the author gross injustice; we, therefore, refer our readers to the volume itself, for Dr. O'REILLY's views of the organic nervous system, etc., etc., the first of which is an ultra-recognition of the doctrine, that *Life is Nerve-action*, and its seat is in the organic nervous system.

ADDRESS Delivered at the Opening of the New Clinical Lecture Room of the Philadelphia Hospital.—By Dr. J. L. LUDLOW, one of the Medical Board and Lecturer on Clinical Medicine. Philadelphia: 1861. 8 vo. pp. 26.

An attempt to give anything like a satisfactory "general account of the rise and progress of Clinical Instruction," within the limits of an introductory lecture, might be reasonably anticipated to end in disappointment; and we must confess to this feeling on laying down Dr. LUDLOW's *Address*. But surely, we had a right to look for something interesting and instructive where the theme itself was so suggestive and important; we might expect, at least, tolerable grammar and correct orthography from a lecturer in a Philadelphia school,—"Philadelphia," where "has been erected that medical reputation and renown, which has eclipsed all the other cities on our continent, and made Philadelphia, (which may she long continue to be,) the metropolis of medical science in the western hemisphere."*

Dr. LUDLOW has done himself injustice in allowing, what are evidently nothing but the rough notes of his address, to be handed to the printer, and thence set before the profession, without his revision, in even so vital a matter as the connection of the component clauses of a sentence, as in the following:—

"Notwithstanding the American Colonies boasted several

* Page 19, Dr. LUDLOW's *Address*. ("Which she were that good in her heart," as *Jos Gargery* says.)

medical characters of note, and as early as 1750, the body of a criminal, Harmanus Carroll, executed for murder, was dissected, and the blood vessels injected for the instruction of medical students, by Drs. John Bard and Peter Middleton of New York. (The *first recorded* dissection of the human body for medical purposes in this country.) And although in our own city lectures had been delivered, yet no systematic course of medical instruction was given in this country until 1765, when Drs. Shippen and Morgan, delivered the first *course* of lectures in this city."

Of course, Dr. L. would not have allowed this to stand uncorrected, had he seen the proof;—nor "educed" for *adduced* on the following page (17), ninth line from the bottom; nor "breech" for *breach*, page 24, second line; the substantive "wreaths" for the verb *wreathes*, same page, sixteenth line, and other similar errors, too numerous to be excusable as mere oversights—for very evidently, he did not see either them, or their context, after the manuscript had passed from his hands.

The following extract proves that Dr. LUDLOW can write correctly, and that the *materiel* is not wanting for an interesting discourse on the subject he had chosen, in place of the illy-connected jumble of dry dates and odds-and-ends he has caused to be printed:

"And now, gentlemen, we have arrived at that epoch in the history of medicine in our country, when *the first Clinical lecture* was delivered in America. In the Pennsylvania Hospital, on the 3d of December, 1760, Dr. Thomas Bond, one of the physicians to that institution, gave the introductory Clinical discourse.

"I cannot forbear quoting from this lecture, if not for instruction, nevertheless from curiosity, that we at this late day may see how the father of clinical instruction in America appreciated the advantages which must necessarily arise from a proper clinical course.

"Speaking of Dr. Morgan, the Professor of Theory and Practice in the University, he remarks:—"The field this gentleman undertakes is very extensive, and has many difficulties, which may mislead the footsteps of an uncautioned traveller. Therefore, lectures in which the different parts of the theory and practice of physic are judiciously classed and systematically explained, will prevent many perplexities the student would otherwise be embarrassed with; will unfold

the doors of knowledge, and will be of great use in directing and abridging his future studies. Yet there is *something further wanting*: he must *join examples with study*, before he can be sufficiently qualified to prescribe for the sick, for *language and books alone can never* give him adequate ideas of diseases, and the best method of treating them; for which *reasons Infirmaries are justly reputed the grand theatres of medical knowledge*. There the *Clinical Professor comes to the aid of speculation*, and demonstrates the *truth of theory by facts*, etc., etc.' Further on again he says: 'I am now to inform you, gentlemen, that the managers and physicians of the Pennsylvania Hospital, on seeing the great number of you attending the School of Physic in this city, are of opinion that this excellent institution affords a favorable opportunity of further improvement to you in the practical part of your profession; and being desirous it should answer all the good purposes intended by the generous contributors to it, have allotted to me the task of giving a course of clinical and meteorological lectures in it, which I cheerfully undertake.'

MEDICAL JURISPRUDENCE.—By ALFRED SWAYNE TAYLOR, M. D., F. R. S., Fellow of the Royal College of Physicians; Hon. M. D. Univ. St. Andrews; Member of the Royal College of Surgeons; and Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. *Qui nesci ignorare ignorat scire*. Fifth American, from the Seventh and Revised London Edition. Edited, with Additions, by EDWARD HARTSHORNE, M.D., one of the Surgeons to the Pennsylvania Hospital. Philadelphia: BLANCHARD & LEA. 1861.

To those, already familiar with the former editions of Dr. TAYLOR's work, it will be only necessary to quote from the author's preface to the sixth London edition, to show how radically the present volume has been improved and amended: During the last fourteen years, improvements in medicine and jurisprudence have taken place to so great an extent that a practitioner, whether of the medical or legal profession, would, in the earlier editions, meet with deficiencies which on the present occasion it has been his special object to supply.

In the section on POISONS, a modification of the definition of the term poison, and of the act of poisoning, has been rendered necessary by crimes of recent date. Additions have been made on poisoning by ammonia,—chronic poisoning by arsenic,—the absorption and detection of arsenic in the dead body,—poisoning by arseniuretted hydrogen,—the detection

of absorbed mercury,—poisoning by Scheele's green, tartar emetic, locust beans, prussic acid, nux vomica, and strychnia. The chapter on the two last-named poisons has been entirely re-written. The reader will also find additional facts and cases in the sections on poisoning by *œnanthe crocata*, aconite, and lobelia. The details regarding poisons are, however, given throughout in a concise form, as constituting only a part of the general science of Medical Jurisprudence. A new edition of Dr. TAYLOR's work on Poisons has been published by BLANCHARD & LEA, and to this the reader is referred for that special information on facts, whether of a legal, medical, or medico-legal kind, which belong to the subject of Toxicology.

In the section on WOUNDS, the additions include the rules respecting dying declarations made to medical men,—the detection of blood on weapons and clothing,—the medico-legal examination of wounds,—the microscopical and chemical analysis of blood,—cicatrices,—locomotion after severe injuries,—and the effects of concussion of the brain and spinal marrow, illustrated by recent cases.

Additional facts have been introduced into the sections on PREGNANCY, DELIVERY AND ABORTION; and new cases are appended to the subjects of Tenancy by Courtesy, Protracted Gestation, and LEGITIMACY. In the chapter on RAPE, additions have been made to the medical proofs of rape on infants and children.

The chapters on DROWNING and other forms of death by Asphyxia will be found to contain new facts and cases; and, lastly, in the chapter on INSANITY, the sections on Homicidal Mania and Dipsomania have been corrected and enlarged.

BRAITHWAITE'S RETROSPECT.—Part XLIV, of this sterling publication is just received, too late for extract from its richly-stored pages. The same marked ability, discriminating taste and enlightened judgment characterize the present volume, as have won for its predecessors the favor and esteem of the profession. The *Commentary on Midwifery, and the Diseases of Women and Children*, by the senior BRAITHWAITE, is one of the most valuable features, and a decided acquisition. The pres-

ent number contains a general index for the volumes of 1860-1861. The publisher, (W. A. TOWNSEND, 39 Walker Street, N. Y.), announces that the *Retrospect* has attained a permanent patronage, in this country, of five thousand regular subscribers, a prosperity it richly merits.

Editorial.

LOCAL MEDICAL SOCIETIES.—We announced, two or three months since, that the Chicago Medical Society proposed holding its regular meetings once a week through the winter, and commended the project. We are happy to state that the result, thus far, has been more favorable than we anticipated. The meetings have been held regularly, and with very few exceptions, well attended. They have been occupied in the hearing of papers, the reports of cases of disease, and the discussion of questions of direct practical interest. Such meetings are not only pleasant and profitable in themselves, but they exert a powerful influence in stimulating those who attend to constant habits of study and observation, that they may the more creditably sustain their part in the discussions and other exercises of each meeting. The Chicago Medical Society has been in active and efficient operation eight or ten years, and we hope it has before it a still more prosperous future.

PROF. TITUS DEVILLE.—We learn by a recent circular of the Manchester Royal School of Medicine and Surgery, of England, that our highly esteemed friend and the Emeritus Professor of Anatomy in the Medical Department of Lind University, Dr. TITUS DEVILLE, has been appointed to the chair of Practical Anatomy, for the Winter term, and to that of Surgical Anatomy, for the Summer term, in that old and well established institution.

We take great pleasure in noting this evidence of the appreciation of his merits; for as a teacher of Anatomy he certainly

has few equals, either in this country or in Europe. We can assure such American physicians and students as intend visiting England, that they will meet a cordial reception at the Manchester Royal School, so long as Dr. DEVILLE remains a member of its faculty.

RUSH MEDICAL COLLEGE COMMENCEMENT.—The Annual Commencement of the Rush Medical College of this city, took place on the evening of Wednesday, Feb. 5th, 1862.

The exercises took place in the Lecture room of the College, and in the presence of a respectable audience.

Prof. D. BRAINARD, President of the Faculty, being absent, the degree of Doctor of Medicine was conferred on the following candidates by Prof. J. V. Z. BLANEY, who accompanied the ceremony by a brief and appropriate charge to the recipients, viz:

Albert A. Ames, of Minnesota.	Clark E. Loomis, of Illinois.
Charles E. Allen, of Illinois.	J. Meek Lanning, of Iowa.
Stephen G. Armstrong, of Indiana.	W. Meacher, of Wisconsin.
Aurelius T. Bartlett, of Illinois.	F. R. Millard, do
Leonard L. Bennett, do	George J. Monroe, of Illinois.
George W. Beggs, do	Wm. McKnight, do
James Brown, do	Wm. Rush Patton, do
Elijah W. Boyles, do	H. W. Richardson, do
W. L. Cuthbert, do	Charles M. Richmond, of Indiana.
W. D. Carter, do	W. R. Russell, of Wisconsin.
J. Griffin Conley, of Wisconsin.	R. E. Stevenson, of Illinois.
Samuel M. Dunn, of Iowa.	S. B. Ten Broeck, do
Thomas G. Drake of Indiana.	J. Allen Torrey, of Wisconsin.
James B. Farrington, of Tennessee.	A. H. Whipple, do
A. Z. Huggins, of Iowa.	D. B. Wren, of Ohio.
Jacob H. Houser, of Indiana.	J. A. Ward, of Illinois.
Riley B. Hayden of Michigan.	E. H. Winston, of Wisconsin.
Jacob M. Hagerty, of Illinois.	

The honorary degree of Doctor of Medicine, was also conferred on Dr. J. C. Taggart, of Beloit, Wisconsin.

The valedictory address was delivered by Prof. J. W. FREER, and was listened to with attention and profit.

Thus passed the Nineteenth Annual Commencement of this Institution.

MEDICAL DEPARTMENT OF LIND UNIVERSITY.—The Third Annual Commencement of this School will be held on the evening of Tuesday, March 4th, 1862. The Valedictory Address will be delivered by Prof. J. H. HOLLISTER. A premium will be awarded to the author of the best thesis; and the degrees will be conferred by the President of the Faculty, Prof. H. A. JOHNSON. The occasion will be one of interest, intellectually and socially; and the friends of the institution are cordially invited to attend.

RECEIVED.—From Blanchard & Lea, Philadelphia, the second edition of GROSS' *Surgery*—for notice in our next; from Ticknor & Fields, Boston, *Religio Medici, Urn Burial*, and other papers, the writings of Sir THOMAS BROWNE, M. D. —Also *Border Lines*, O. W. HOLMES, M. D.'s introductory lecture,—both for future notice.

ANY OF OUR subscribers, or any of the former Secretaries of the Society, who may have copies of the *Transactions of the Illinois State Medical Society*, for the years 1853 and 1855, and who can spare the same, would confer a favor upon the editor of the EXAMINER, by forwarding them, by mail or express, at our expense.

APOLOGY.—We hope our readers will excuse the late appearance of this and the preceding number of the EXAMINER.—The evil shall soon be corrected.

CHLORATE OF POTASH AS A REMEDY FOR FETID BREATH.
—Many persons complain of foetid breath who cannot attribute it to bad teeth or neglect to keep them clean; the gums and mucous membrane of the mouth are perfectly healthy. The bad odor must come either from the lungs or the stomach, and nine times out of ten it comes from the latter. In this case we have a simple, prompt and certain remedy in the chlorate of potash. Take, three hours after eating, a teaspoonful of a solution of six grammes of the chlorate in a hundred of sweetened water, and at the same time rinse the mouth with the solution.—*Boston Med. and Surg. Journal.*

SYPHILO-VACCINATION.—Dr. A. Viennois of Paris, has recently published a paper in the *Archives of Medicine* on the transmission of syphilis by Vaccination, illustrated by numerous cases of syphilis communicated simultaneously with vaccine lymph. The conditions of this transmissibility he believes to be the taking of blood with the lymph from a person affected with constitutional syphilis. And such matter, Viennois writes, will communicate *both* diseases; the vaccine vesicle appearing first. But after the usual period of incubation, the syphilitic tubercle also appears on the vaccinated part, and is soon after followed by secondary symptoms.—*Vaccination*, by A. N. BELL, M. D.

IT IS STATED that Dr. LAVAU, of Birac, called the attention of the Academy of Medicine of Paris to the importance of sulphuret of lime in the regeneration of bony substance. M. Lavau observed, more than twenty years ago, that this agent, diluted in olive oil and used in frictions to destroy itch, induces enlargement of the joints of the fingers. This remark led him to prescribe frictions with sulphuret of lime on the head of rickety subjects whose fontanelles were excessively large, or persisted beyond the normal period, and he obtained with surprising rapidity the ossification and obliteration of these membranous apertures. M. Lavau therefore surmises that the same treatment may perhaps be also applicable to the secretion of the periosteum in the great process of the reproduction of bone.—*Champonniere's Journal of Pract. Med. and Surg.*

LEUCORRHEA IN PREGNANT WOMEN.—With a view of testing the accuracy of Cazeaux's assertion, that seven-eighths of all pregnant women had ulceration of the neck of the womb, Charrière examined one hundred pregnant women indiscriminately, as they offered themselves to his notice, and came to the following conclusions: Leucorrhœa precedes and gives rise to the ulceration of the cervix. The congested conditions and processes of hypertrophy taking place in the pelvic organs are the causes of this leucorrhœa. At first a physiological condition, it may become morbid under the influence of a bad state of health. Nearly two-thirds of pregnant women have leucorrhœa. Nearly eight-tenths of these have ulcers of the cervix. Treatment: Attention to the general condition, mild aperients and preparations of iron, and remedying disorders of digestive organs. Local treatment would doubtless frequently induce abortion.—*Bull. de Ther. through Lancet and Observer.*

NEW METHOD OF ADMINISTERING CHLOROFORM.—At a recent meeting of the Obstetrical Society, Dr. Simpson described a plan of administering chloroform which he has now adopted in preference to that at present in use here. The present mode is to fold up a handkerchief and pour into the hollow a quantity of chloroform, and then hold it at some distance from the face, so as to admit of atmospheric air being inhaled along with the vapor. The new plan is to lay a single layer of handkerchief over the face, and let the chloroform fall on it drop by drop. The advantages are these: 1. That there is less danger to the patient from the smaller quantity applied at a time. 2. That anæsthesia is more speedily produced. 3. That the quantity of chloroform required is less. Various gentlemen who had made trial of the plan confirmed the value of this process; and Dr. Young in particular stated that he had kept a patient narcotized for ten hours with two ounces and a half of chloroform.—*British Med. Journ.*

PHTHISIS.—In a recent communication to the French Academy of Medicine, by M. Piorry, on the treatment of phthisis, he presents the following summary of conclusions:—

1st. Pulmonary phthisis is a collection of numerous morbid phenomena, and not a morbid unit.

2d. There does not exist, nor can there be, a special remedy for it, to destroy a unit which has no existence.

3d. That consequently iodine, tincture of iodine, no more than chlorine, salt, tar, can be considered as anti-phthisical.

4th. That it is necessary, in order to the proper treatment of phthisical persons, to appreciate and specify the particular organic affections which they present, and to meet them with appropriate remedies.

5th. That hygienic precautions, intelligently advised, may prevent the development of tubercle.

6th. That by proceeding in this way, by combating the particular affections which occur together or succeed each other, we have a rational treatment of phthisis, which can show a fair number of perfect cures, and a very large number of palliated cases.

REPRODUCTION OF THE INFERIOR MAXILLARY BONE.—The May (1861), number of Champonniere's *Journ.* contains further interesting reports of successful operations for the reproduction of bone:—

M. MAISSONNEUVE laid before the Academy of Sciences another instance of the reproduction of bone. In this case,

the right side of the inferior maxillary was extracted *in toto*, with the articular condyle, and has been so perfectly replaced by the efforts of nature, that it is now almost impossible to discover which side of the jaw was removed by the surgeon. The patient was aged 35, a circumstance which imparts additional interest to the case, inasmuch as the generation of bone, at that period of life, is less active than in youth. Another singular detail is the preservation of the teeth, which were left by the operator attached to the gums, as moveable as a string of beads, and became subsequently consolidated, by the closing up of the ossified layers, secreted by the periosteum. Unfortunately, after having performed their functions for a space of two years, they, one after another, dropped out; but the patient, nevertheless, manages to masticate his food and to speak distinctly.

In another case related to the Academy, of the reproduction of both tibia and fibula, it is interesting to notice that both malleoli were included in the part removed.—*Berkshire Med. and Surg. Journal*.

We shall, in an early number, present to the readers of the EXAMINER, the details of an analogous case to the above, which the class of the Lind Medical Department have had an excellent opportunity of observing, in Prof. ANDREWS' Surgical Cliniques at the *Mercy Hospital*.

QUININE IN THE DROPSY OF SCARLATINA.—Dr. Hamburger has given this drug in forty-seven cases, and in forty-four improvement took place at once or in a very few days; in three cases only was there no change either for better or worse. The effects observed were, a diminution of the febrile symptoms of the subacute period, increase of the urinary secretion, which became more clear, absorption of the effused fluid, even the resolution of abscesses already formed, return of appetite and strength. The urine, nevertheless, continued to be albuminous for some time, but this was no obstacle to the progress of convalescence.

According to the summary which Dr. H. gives of his observations, it is in the chronic form of scarlatinous dropsy that the action of quinine gives the best results, and is manifested with the greatest rapidity; in cases of this kind improvement commences almost immediately after the first doses. At the commencement, so long as the acute period continues, the employment of quinine may be deferred for a few days, unless the danger is imminent.

On many occasions, Dr. Hamburger has seen the condition of the patient remain the same for many days, or to be gradually growing worse, the urine becoming very dark, and the dropsy increasing. The quinine was then given boldly, and a happy result was the consequence. If a marked improvement is not manifested at the end of three or four days, the remedy must be dropped; but even in this case it should not be regarded as entirely useless, for it seems to act upon the specific character of the disease.

The dose to be given is from half a grain to two grains, twice a day, for children, and three or four grains for adults. During the use of the quinine the diet should be carefully watched, great care being taken to avoid over-tasking the very irritable alimentary canal by overloading it with food or drink. —*Gaz. des Hop.*, from the *Boston Med. and Surg. Jour.*

NEW PROCEDURE FOR THE LIGATURE OF THE SUPERFICIAL PALMAR ARCH.—Dr. E. Boekel, Fellow of the University of Strasburg, has recently published, in the local *Medical Gazette*, some new indications which may guide the operator in his search for this artery, and permit him to secure it without unnecessarily extensive incisions.

‘Place the thumb,’ says Dr. Boekel, ‘in the greatest possible abduction, and draw a line from its ulnar edge across the palm of the hand. In front of this, which may be denominated the guiding line, draw a second in a parallel direction, at a distance of a third of an inch nearer to the fingers, or more correctly at an equal distance between the first line and the middle cutaneous fold of the palm; this is the precise position of the superficial arch, and if the skin and palmar fascia are divided here, the artery will be at once exposed, and found reposing on a layer of fatty tissue which separates it from the nerves and tendons. No apprehension of wounding these need therefore be entertained.

It will perhaps be alleged that no fixed rules can apply to an artery so irregular as the palmar arch; but it must not be forgotten that the anomalies alluded to refer less to the exact situation of the vessel than to the dimensions of its supplying branches. I have performed the ligature above twenty times on the dead subject, guided by these rules, and have never once failed in alighting on the artery in the exact position described.

An accurate knowledge of this anatomical detail has another advantage quite as great as that of giving increased facility in finding the artery, viz., it supplies us with the means

of avoiding it. Phlegmonous inflammation beneath the palmar fascia, at the same depth as the arch, frequently requires incision, which is never extended toward the wrist without a certain amount of hesitation. The indications I have mentioned will permit the surgeon to use the knife with more boldness, and at the same time with greater safety, and they have already done me good service for this purpose.—*Med. and Surgical Reporter*.

NEW SURGICAL PROPOSITIONS.—The following new Surgical principles are offered for criticism by Prof. COOPER of the *San Francisco Medical Press*:

1st. That atmosphere, admitted into the joints or other tissues, is not a source of irritation or injury, except where it acts mechanically; as, when admitted into a vein, by producing asphyxia; into the thoracic cavity, by its pressure, producing collapse of the lungs, or when, by the long continued exposure of a large amount of surface of any of the internal organs, whose normal temperature is much above that of the atmosphere, it reduces it so as to produce a morbid action.

2d. That the division of entire ligaments about the joints is no impediment to their ultimate strength and mobility; but on the other hand, this operation will often greatly facilitate the cure, by enabling the surgeon to open the affected part fully, for the purpose of applying medicinal substances to the articular surfaces, when these are ulcerated or otherwise diseased.

3d. That the only true mode of treating ulcerations of bone, however slight, within the joint, is to lay it open freely, and apply remedial agents directly to the part affected.

4th. That opening the joints early, in case of matter burrowing in them, is far more imperiously demanded than the opening of the parts thus affected, and the operation produces no further pain or inconvenience to the patient, in any respect, than when performed on parts remote from the joints.

5th. That after opening a large joint, the knee, for instance, by an incision several inches long, the wound should be kept open by the introduction of lint, or other similar substance, until the parts within the articulation become healthy, and in all cases, it should be made to heal by granulation.

6th. That extensive wounds, opening freely the large joints, such as the knee, (even when lacerated, as by a saw, which must necessarily heal by granulation,) do not as often

give rise to violent symptoms as very small wounds, such as are made by the corner of a hatchet, an adze, or a pen-knife, which heal on the outside by first intention.

7th. That there are no known limits beyond which a tendon will not or can not be reproduced after division, provided the parts are made to heal by granulation, and that the present acknowledged rule of two inches being the maximum distance in which the divided ends of a ligament, or tendon can safely be separated, has not the least foundation in fact.

CLERGYMAN'S SORE THROAT.—A writer in a London secular journal, suggests the following, as an explanation of the cause of this dread of public speakers, more especially of the pulpit :

If we look at the creatures who use their throats for vocal purposes—singing birds for example—it will be found that in doing so they always lift up their heads. The canary raises its head before it begins to sing, so that every muscle of the throat is brought into full play. The dog, when he barks, follows the same rule and for the same reason.

To continue the analogy. We find all public speakers, except the clergy, adopting—not from instinct, but from necessity, happily for them—the same law. Members of Parliament, barristers and actors, all occupy a different position towards their audience from that of clergymen. The barrister stands below, and speaks up to the judge and jury, thus allowing full scope for the expansion of the muscles of the throat and chest. The actor likewise addresses an audience arranged in tiers above him, so that he can speak in an easy and natural manner. But we, clergy, adopt just the reverse of all this. Placed in a pulpit inconveniently elevated, we have to speak down to the people. The muscles of the throat are necessarily compressed. Congestion takes place, perhaps only a little each time, until the power of littles combines to produce that relaxed condition of the throat which completely disables the clergyman, and renders him unfit for public speaking.

Many clergymen have told me that they would prefer to preach two sermons than read the prayers once, so far as a trial of their voice is concerned, and the reason is obvious, if the analogy I suggest hold good.

Having suffered myself, I can speak freely on the subject; and after trying many remedies, without success, I at last regained my former strength of voice by adopting the following plan :—

I learned the prayers by heart. This enables a clergyman

to speak without stooping, while it certainly adds to the solemnity of the prayer. The next step was to preach without the manuscript, or at least to know the sermon so well that it is not necessary to read with the head downwards. The preacher thus can address himself to the audience with perfect ease to himself, owing to the unrestricted action of the vocal organs.

In my own case, relief was very soon given to the congested vessels, and gradually they became quite restored, and for some years they have continued so, whereas, before this plan was adopted, one sermon a day produced hoarseness.

This is good physiology, and we commend the suggestion to the attention of the profession.

POSITION IN ETHERIZATION.—Dr. C. T. JACKSON, in a letter to the *Boston Med. and Surg. Journal*, communicates some additional facts relative to the influence of the position of animals during etherization, a point strongly urged, now, by all writers on the use of anæsthetics.

Dr. J. says "I had occasion to converse with a very intelligent and skilful veterinary surgeon, who resides near Boston (Dr. A. B. Wilton, of Dorchester,) from whom I obtained the results of his extensive experience in operating upon domestic animals, under the influence of ether.

He informed me that if a horse is etherized and laid on his back, with his nose up, he will certainly die, owing to the falling back of the tongue, and the consequent pressing down of the epiglottis, so as to produce suffocation. He mentioned four instances, in which he had witnessed the death of horses, during the operation of castration, from the effects of ether and the above-named position. His experience with ether had also proved that death from it never takes place if the horse is laid on his side, with his nose horizontal. His experience had also been extended to the etherization of cows, particularly in cases where mechanical aid was required in removal of the calf, and he has never lost one of them from the effects of ether. When he has had occasion to kill useless horses or dogs, he has made use of ether, aided by the position named, and he says they die easily, without a struggle—asphyxia resulting from closing of the glottis during the anæsthetic state. These facts corroborate those observed on the human subject by Dr. Petrie, of Liverpool.—See *Brathwaite's Retrospect*, Part xliii., p. 275.

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